

Pesticide Use in the Rice Bowl of Kerala: Health Costs and Policy Options

P. INDIRADEVI

*Department of Agricultural Economics, Kerala Agricultural University
India*

February 2007

South Asian Network for Development and Environmental Economics (SANDEE)
PO Box 8975, EPC 1056
Kathmandu, Nepal

SANDEE Working Paper No. 20-07

Published by the South Asian Network for Development and Environmental Economics (SANDEE)

PO Box 8975, EPC 1056 Kathmandu, Nepal.

Telephone: 977-1-552 8761, 552 6391 Fax: 977-1-553 6786

SANDEE research reports are the output of research projects supported by the South Asian Network for Development and Environmental Economics. The reports have been peer reviewed and edited. A summary of the findings of SANDEE reports are also available as SANDEE Policy Briefs.

National Library of Nepal Catalogue Service:

P. Indira Devi

Pesticide Use in the Rice Bowl of Kerala: Health Costs and Policy Options

(SANDEE Working Papers, ISSN 1893-1891; 2007- WP 20)

ISBN: 978-99946-810-9-9

Key words:

1. Pesticide Exposure
2. Dose-Response Functions
3. Cost-of-Illness
4. India

The views expressed in this publication are those of the author and do not necessarily represent those of the South Asian Network for Development and Environmental Economics or its sponsors unless otherwise stated.

The South Asian Network for Development and Environmental Economics

The South Asian Network for Development and Environmental Economics (SANDEE) is a regional network that brings together analysts from different countries in South Asia to address environment-development problems. SANDEE's activities include research support, training, and information dissemination. SANDEE is supported by contributions from international donors and its members. Please see www.sandeeonline.org for further information about SANDEE.

SANDEE is financially supported by International Development Research Centre (IDRC), The Ford Foundation, Swedish International Development Cooperation Agency (SIDA) and Norwegian Agency for Development Cooperation (NORAD).

Technical Editor
Priya Shyamsundar

English Editor
Carmen Wickramagamage

Comments should be sent to P. Indira Devi, Department of Agricultural Economics, Kerala Agricultural University, India Email: induananth@yahoo.com

TABLE OF CONTENTS

| | |
|----------------------------|----|
| 1. INTRODUCTION | 1 |
| 2. PESTICIDE USE IN INDIA | 2 |
| 3. STUDY AREA AND DATA | 3 |
| 4. METHODS | 7 |
| 4.1 DOSE-RESPONSE MODEL | 7 |
| 4.2 THE COST-OF-ILLNESS | 10 |
| 5. RESULTS | 12 |
| 5.1 DOSE-RESPONSE FUNCTION | 12 |
| 5.2 THE WELFARE LOSS | 13 |
| 6. CONCLUSIONS | 14 |
| 7. ACKNOWLEDGEMENT | 15 |
| 8. REFERENCES | 16 |
| APPENDIX A | 26 |
| APPENDIX B | 27 |
| APPENDIX C | 30 |
| APPENDIX D | 33 |
| APPENDIX E | 36 |
| APPENDIX F | 39 |

LIST OF TABLES

| | |
|--|----|
| Table 1 : Socio-Economic Profile of the Respondents | 20 |
| Table 2 : Pesticides in Rice Production in Kuttanad | 21 |
| Table 3 : Health Damage Symptoms of Pesticide Exposure | 22 |
| Table 4 : The Dose-Response Function and Determinants of Health Damage | 23 |
| Table 5 : Summary Statistics of Variables Used in Dose-Response Function | 24 |
| Table 6 : Binomial Probit Estimates of the Determinants of Health Damage | 24 |
| Table 7 : Average Expected Health Cost of Pesticide Exposure | 25 |

Abstract

This study examines pesticide use in Kuttanad, India, an economically sensitive area often referred to as the rice bowl of Kerala. Using primary data collected from pesticide applicators and farm labor, the study assesses short-term health costs associated with pesticide exposure. The study finds that the toxicity level and dose of pesticides can exert a significant effect on the health of pesticide applicators. The average expected health costs from pesticide exposure are Rs. 38 (US \$ 0.86) per day or 24% approximately a quarter of the average daily earnings of the applicator.

The study finds that health costs can be mitigated considerably by reducing the dose of pesticides used. For examples, a 25% reduction in either the does of the most toxic chemical used, or in all pesticide doses, results in a 16% and 24% reduction in health costs respectively. A 24% reduction in costs can be realized if all pesticide doses are reduced by 25%. Dose reduction is a desirable and feasible strategy that can be achieved either by restricting the quantity of pesticide used or by diluting the amount sprayed with the recommended levels of water. Less than 2% of the applicators understood the toxicity levels of the pesticides they used. Thus, there is ample scope for reducing pesticide exposure through training and agricultural extension services.

Key Words: Pesticide Exposure, Dose-response functions, cost-of-illness, India

Pesticide Use in the Rice Bowl of Kerala: Health Costs and Policy Options

P. Indira Devi

1. Introduction

According to World Health Organization estimates, pesticides cause 30,00,000 cases of poisoning and 2,20,000 deaths annually across the globe, the majority of which are reported from developing countries. These numbers, even more alarmingly, show a rising trend (WHO, 1990; DTE, 2001; Rosenstock, et al., 1991; Pimental, 1992; Kishi, et al., 1995; WRI, 1998). While indiscriminate use and unscientific handling of toxic chemicals are very common, the extent, severity and frequency of associated health problems are often unknown.

Pesticide-related health damages are difficult to identify, particularly in developing countries, because of inherent problems of poverty, inadequate health care facilities, poor training support to health-care personnel, and unsatisfactory access to the health care system. Furthermore, the major victims are the most vulnerable sections of the population. The farm workers, small and marginal farmers and women, who are the most often exposed owing to occupational factors, neglect the health hazards of pesticide exposure due to either lack of awareness and/or due to financial reasons. This may perhaps explain the lack of research on the impacts of pesticide exposure. There have of course been attempts on a limited scale in some developing countries to value the health damage due to pesticide exposure (Jeyaretnam, 1990; Ngowi, 2002; Wilson, 2002). Such studies, however, have not been reported in India thus far. This study was undertaken to fill this existing gap in knowledge.

Both media and scientific attention to pesticide use and its effects gained momentum in India only very recently. Moreover, a review of studies on this topic suggests that it is heavily loaded with research from the physical sciences with little contribution from economics. Many scientists report the presence of insecticide residues in soil, water bodies, air, food materials and the bodies of living beings (Mencher, 1991; Brahmaprakash and Sethunathan, 1987; Gangamma and Satyanarayana, 1991) but few evaluate impacts in economic terms. This study looks at the pesticide use pattern in an ecologically-sensitive rice ecosystem of Kerala, India, and assesses the value of health damage among farm workers. The main objectives are to understand a) the pattern of pesticide use and the precautions taken in handling pesticides in Kerala; b) the acute health effects of pesticide exposure among the different types of agricultural labor; and c) the monetary health costs associated with exposure.

The effect of pesticide exposure may be of three types, namely, short-term high-dose exposure (to applicators, workers in production centers, stockists at sales outlets, and in attempted suicides); long-term high-dose exposure (workers in production centers and applicators); and long-term low-dose exposure (all population groups). This naturally has both morbidity and mortality effects. This study focuses on short-term exposure to applicators.

While pesticide exposure has many long-term chronic effects, assessing these impacts is beyond the scope of this study. The morbidity effects of pesticide exposure are discussed in detail in Forget, 1991; Rola and Pingali, 1993; Antle and Pingali, 1994; Crissman, et al., 1998; Antle, et al., 1998; Cole, et al., 1998; Wilson, 2002; and Dasgupta, 2005. However, Dasgupta (2005) reports very weak association between the farmers' self-reported symptoms of pesticide exposure and actual poisoning (blood test results). Hence studies, which depend on self-reported symptoms, may reflect a lower estimate than that which might be said to prevail in actual fact.

The paper is presented in six sections. Section 2 provides an overview of pesticide use in Indian agriculture while Section 3 gives an account of the data, study-site and sample characteristics. Section 4 describes the analytical approach and explains the statistical models used in the work. Section 5 describes the findings on the probability of getting sick and the expenses when it comes to health damages. Section 6 discusses policy measures.

2. Pesticide Use in India

Pesticide use in India dates back to the year 1948 when DDT and BHC were imported for malaria and locust control. Currently, India is the No. 1 manufacturer of basic pesticides in Asia and ranks 12th globally. Among the predominant classes of pesticides used in India are insecticides, which account for 75 per cent of total consumption, followed by fungicides (at 12 per cent) and herbicides (at 10 per cent). Furthermore, 54 percent of the total quantity of pesticides used in the country is used in cotton, with 17 per cent in rice and 13 per cent in vegetables and fruits.

The pesticide residues in food in India, especially vegetables, are the highest in the world. This is mainly due to the unregulated use of pesticides. Persistent pesticides like BHC and DDT remain in the ecosystem for longer periods and pose great danger to the soil/water bodies and the dependent life-systems. Chemical pesticide residues have often been detected in food grains, vegetables, fruits, oils, cattle feed and fodder in most parts of the country. About 72 per cent of food samples in India have shown the presence of pesticide residues within tolerance levels while in 28 per cent samples they were above the tolerance level as compared to 1.25 per cent globally. On a comparative basis, very high levels of organic chlorine compounds have been reported in human blood, fat and milk samples in India (Bhatnagar, 2001). As a consequence, India accounts for one-third of the total pesticide poisoning cases in the world (Puri, 1998).

However, pesticide consumption in India has recorded a decline in recent years. The pattern is the same for Kerala too. But the intensity of use (quantity per hectare) in the state has increased (Appendix F: Figs.1, 2, 3 and 4). In contrast to the national pattern, however, the fungicide use in Kerala is much higher (at 57%) when compared with the use of insecticides. This is generally attributed to the higher proportion of plantation crops in the state.

The Department of Agriculture, Government of Kerala, is the implementing agency for the Insecticides Control Order. The Agricultural Officers (one officer each for every panchayat) are designated as the insecticide inspectors. In addition, there are separate quality control laboratories in various parts of the state. However, the quality control arrangements by the department appear to fall far short of desired standards. Though sub-standard pesticide samples are often reported, until recently, little action was taken on such reports. The only action taken was to stop

the sale of the particular substandard batch of pesticide—however, by the time such decisions were implemented, most of the pesticides were already sold. Similarly, the statistics provided by the Health Services Department of the State show that there are no cases of health hazard due to occupational exposure to pesticides, which is quite unrealistic. What all this goes to show are serious inadequacies in data at all levels.

There have been multiple episodes of pesticide poisoning reported in Kerala. The Kerala State became the focus of pesticide literature following the death of more than 100 people in the year 1958 after consuming wheat flour contaminated with pesticides during transportation. The state-owned Plantation Corporation of Kerala began the aerial spraying of Endrin (later Endosulphan) way back in the 1970s in their cashew plantations, which has been associated with the outbreak, among local people, of severe health problems such as cancer. In each household, at least one person has been found to work in cashew plantations and 156 cases of disorders from 123 households were noted during the period 1990–2001 (Rajendran, 2003). Pesticide residues are detected in fruits and vegetables, bottled drinking water, soft drinks, milk and other food items. Furthermore, cases of cancer observed in a village near the cardamom plantations in the State have been attributed to the high pesticide use.

A study undertaken by the Thiruvananthapuram Medical College has reported very frequent cases of cancer of the lip, stomach, skin and brain, lymphoma, leukemia and multiple myeloma from the Kuttanad rice area of Kerala, linking the same to high pesticide use in the area (Dinham, 1993). A recent survey conducted by a volunteer group makes a similar observation regarding the rising trend in cancer patients in Kuttanad, identifying pollution as one of the reasons. Reports on the reduction in the fish population and massive deaths due to ulceration in fish in Kuttanad also appear very frequently in the local media.

Rakhesh, (1999) studying the externalities associated with pesticides, has found that pesticide poisoning leads to both explicit and implicit costs for the applicator/ farmer. In his study, majority of farmers (60%) reported that they were suffered from health problems caused by pesticides. In another study, Krishna (2001) has found skin allergy and headaches to be, among the health hazards induced by pesticides, skin allergy and headaches were found to be the most prominent pesticide-induced health hazards. Krishna reports that most farmers were aware of these negative impacts and were willing to incur an additional cost of Rs 138 per hectare of rice farm for an alternate eco-friendly agricultural practices.

3. Study Area and Data

Kuttanad is a low-lying area near the coast of Kerala, India, with a total population of 1.4 million (Census, 2001). It is called the rice bowl of Kerala. Rice cultivation in Kuttanad is however of a special type, as the land is on average three meters below the Mean Sea Level (MSL). Paddy is virtually the only crop grown and the poor drainage conditions make most of the land in the area unsuitable for other crops. Coconut is grown on the bunds and on the higher areas. The main rice crop of the area is the punja (summer crop). In some areas, a second crop (viruppu) is possible. The punja season is generally the period from October/November to March/April, i.e., after the cessation of the North-East monsoon and before the ingress of saline water during the summer months. This study was conducted during the punja crop of 2004-05.

The paddy fields in Kuttanad are classified into three types as Karapadom, Kayal and Kari lands based on physiographic and soil characteristics. Rice fields are usually demarcated as padasekharams. A contiguous stretch of wetlands bounded by waterways or other natural features is called a padasekharam, which is a homogeneous physical entity.

For the purposes of this study we collected pesticide-related information from a sample of pesticide applicators and agricultural laborers. To select our sample, two Community Development Blocks were randomly selected from each of the three districts which form the Kuttanad area. From each block two panchayats were identified. From each selected panchayat, three padasekharams were chosen on a random basis and these padasekharams formed the study area.

As noted earlier, the respondents for this study belong to two groups: Pesticide Applicators and Agricultural Laborers. Pesticide applicators are those who generally undertake the pesticide-spraying job during the peak season of spraying. They are considered skilled labor for this type of work. During the off-season period when spraying operations are limited, they engage in other types of agricultural and non-agricultural work. We collected data from 280 applicators. The agricultural laborers are those who engage in farm operations such as ploughing, fertilizer application, land preparation, etc., but do not undertake pesticide spraying. They also opt for non-agricultural work during the off-season. We surveyed a total of 101 agricultural laborers for this study.

Data collection was through a structured pre-tested questionnaire, by the personal interview method, and through a farm diary maintained by the respondents, which was closely monitored by the research team (Appendix B, C, D& E). The data included both qualitative and quantitative attributes. Direct observations were also made wherever possible.

The data set for the study consisted of three components:

- i) Pesticide applicators during pesticide application work (n= 280): Each applicator was contacted four times during the spraying season, which lasted for five weeks. During these visits data on the spraying details and the health status after the spray operations (within a period of 24 hours) were gathered. Hence, on average, for each respondent four dose-response observations data are available and the total data set includes 1135 observations. However, some of the respondents were interviewed 5 times while others could be met only two times due to their work schedules.
- ii) Pesticide applicators when they undertake work other than pesticide application during the off-season (n= 212): The applicators undertake wage labor in farms or other sectors when spraying operations are not available. The same applicator was contacted again during the off-season (when it comes to spraying) and data was gathered. The data set here includes observations from 212 respondents.
- iii) Agricultural laborers: This group comprises the farm workers who do not undertake pesticide applications (n=101). The data on them includes responses related to both types of work— agricultural and non- agricultural work. Here the data set includes responses from 101 laborers.

Data collectors were hired locally with the help of local Agricultural Officers. Their familiarity with local conditions and access added much to the quality of the data collected. The data collectors were either graduates in science or diploma holders in agriculture. Generally, the visits for the dose-response part of the data were undertaken during the morning hours before the workers left for work. During these interviews details were gathered on the previous day's spraying operations and its health response during these visits. Spraying operations were also directly observed on a random basis. Help from family members was also sought when estimating the cost incurred on account of sickness.

Table 1 furnishes the socio-economic profile of the respondents. The average age of applicators in the sample was 45 years, the minimum being 23 and the maximum 70. The mean age was slightly higher in the agricultural labor group. It is possible that the more risky jobs are taken up by younger people. Though some of the respondents in the applicator group have studied up to university level, most of them had studied only up to the 7th standard. On the other hand, the education level of agricultural laborers was only up to the 4th standard.

Pesticide application, as a general practice, is of shorter duration than other wage labor in the agricultural and non-agricultural sectors. The average work period is 2.18 a day when it comes to pesticide application work. However, the same group of respondents spent 6.3 hours at other agricultural work and 3.84 hours on average on non-agricultural work.

Pesticide applicators are paid more than twice the wages in the agricultural sector. While the payment for pesticide applications is Rs 73 per hour, wages for other agricultural work is approximately Rs.30 per hour. In the non-agricultural sector, however, payments are slightly higher — but not as high as in pesticide application work. The non-agricultural work taken up by the applicator group is generally of a skilled nature (electrical work, machinery handling, driving, etc.). The non-agricultural wages were on average Rs 52 per hour. Interestingly enough, the average earnings per day for pesticide application is Rs 159, which is lower than the daily earnings of agriculture workers and applicators via other work. When applicators opt for agricultural work, their earnings go up by 20% and it is 24 % higher in the case of non-agricultural work. Nonetheless, further exploratory analysis is required before a conclusion can be arrived at as to whether the applicators were properly compensated for the risk they face.

Rice cultivation in Kuttanad is of an intensive nature compared to many other parts of the state. Nearly 90% of the farmers sow high-yielding varieties, necessitating the use of high levels of chemical inputs. Moreover, the area is prone to pests such as Brown Plant Hopper. The Kerala Agricultural University restricts the use of certain chemicals for rice in the area (methyl parathion and BHC). Interestingly, the most commonly used chemicals in the region were methyl parathion, followed by monocrotophos. Some of the chemicals used however are not among the recommended chemicals.

Table 2 gives the list of chemicals used in the area and its use level. Among the 19 used twelve insecticides, four fungicides and three weedicides. The majority are systemic in action while twelve belong to the organo phosphorous group of chemicals. Compared to organo-chlorines (which are more persistent), organo-phosphates and carbamates are less persistent but more toxic. Organo-phosphorous pesticides are found to be responsible for death in more than 70% of the cases of pesticide-poisoning in India.

The dose of the spray fluid used in the study area was found to be much higher than the recommended level in all cases. This conclusion was arrived at through a comparison with the recommended dose suggested by the Kerala Agricultural University in the case of those chemicals where a recommendation exists. In the case of the other chemicals, the manufacturer's prescription was used as a guide. More often than not, the quantity of the formulation was well in excess of the recommendation while the water used was below the recommended level.

Our study shows that 40% of the spraying is undertaken to protect the crop against the pest Brown Plant Hopper, 17% against the rice bug, and 16% to control against leaf folder. Spraying is done with a knapsack sprayer that is either owned by the farmer or hired from other sources. Most owners (88%) buy the chemical to be sprayed and entrust the applicator with the spraying. Generally, spraying operations were not supervised. The mixing of the chemical with water is generally done in a separate container using water from local water bodies. Sometimes the water and the chemical are poured together into the sprayer and shaken (22%), which is against scientific good practice.

Extremely toxic chemicals, marked red, are seen in use in 21% of spraying events in the study area. The frequency of use of highly toxic chemicals (marked yellow) is 51.25%, the use of moderately toxic chemicals (marked blue) is 22.55% while the rest are comparatively safer chemicals. More often than not, applicators perceive the toxicity levels to be lower than the actual toxicity levels. Only 33% of the applicators read the label on the bottle while only 2.5% took steps to follow the instructions. A mere 1.5% understands the toxicity level associated with the color code.

Many potential health damages and acute symptoms of exposure to different chemical groups of pesticides are reported in the epidemiological literature. Following these findings and on the basis of the major groups of pesticides used, 17 major symptoms were identified prior to undertaking our survey. Based on responses from the survey, in 71% of spray events, the pesticide applicators reported some form of health impact relative to 45% of the times when they engaged in other work. In the case of agricultural laborers, it was 32% (Table 3).

Skin problems were reported as the most common symptom and itching was more frequent than hives. Eye-irritation and vision problems were also very common. However, these were regarded as minor ailments that were often managed by the workers themselves. Home remedies or traditional ayurvedic treatment were resorted to in these cases. Allopathic treatment was resorted to in only the more serious cases. Though the frequency of symptoms like nausea, giddiness, breathing problems, dehydration, vomiting, cramps, convulsions, diarrhea, etc., were comparatively less, they are more life-threatening and hence formal medical advice was sought more often in such instances.

The severe symptoms are breathing problems, dehydration, vomiting, cramps and diarrhea which often manifest themselves soon after spraying and result in hospitalization. In a majority of cases the person is taken directly from the farm to the hospital. In such cases people preferred to go to private hospitals owing to better care and facilities. This is also reflected in macro-level data where we find that the public health care system reports no cases of occupational health damage due to pesticide exposure.

In our study, we found 76 cases of hospitalization among the 894 cases of sickness related to pesticide exposure. The expenditure on hospitals ranged from Rs.450 to Rs. 3780 with a mean of Rs.1536. Where there is hospitalization, the days spent in the hospital range from one day to one week. In the other two groups there were no cases of hospitalization consequent to work hours.¹

The majority of the respondents were aware of the potential health hazard due to exposure and the need for personal protective gadgets. Jeyaratnam, et al., (1987) and Sivayoganathan, et al., (1995) have also attested to this situation in the case of Sri Lanka. However, none of the applicators used the suggested protective gadgets, which include a face-mask with replaceable filters, goggles, head-cover, rubber gloves, full-sleeved shirts and full pants, and boots. The cost factor, general lethargy, and the discomfort associated with the use of protective devices under hot and humid climatic conditions and in water-logged paddy areas were reported as the reasons for non-adoption. Moreover, there exists no mechanism to ensure their use.²

Nonetheless, some form of protective covering of body parts was adopted by 71% of the respondents while spraying. In 21% of the cases, it was mainly full- sleeved shirts. However, many rolled up their sleeves while spraying/mixing. Thirty one percent of applicators tied a piece of cloth around the nose. A mere 1% used some form of eye protection (e.g., ordinary spectacles, which are in use even otherwise). These unscientific methods for avertive action often fail to achieve the desired objectives.

4. Methods

In order to estimate the economic impact of pesticides on human health, two types of information are required. First, the physical health impacts of the exposure need to be identified; second, the monetary health cost associated with this exposure need to be assessed (Freeman, 2003). In this study, we estimate a dose-response model for quantifying the physical impact and then we estimate the cost-of-illness.

4.1. Dose-Response Model

A dose–response function presents a statistical relationship between exposure to pollutants and health risks. Dose-response functions frequently form the physical basis of economic models used to estimate the health costs of pollution. They involve the estimation of a relationship between illness and the ambient pollution levels while controlling for other variables (socio-economic and behavioral) that affect health status (Cropper and Freeman, 1991).

¹ *The private health care system in Kerala is often reported to be very costly. A recent study by Kerala Shastra Sahithya Parishad, a noted NGO in the state, estimates the annual per capita treatment cost in the state as Rs.1722 and the cost per event of treatment as Rs.830.70. This amounts to 1.9 % of family expenditure. On average 64.4 % of the people depend on private medical systems .The average expenditure per hospitalization is Rs. 9680. In the case of the private system it is as high as Rs. 10445 (A ravindan, 2006).*

² *In the plantation sector, employers are provided these gadgets as part of labor welfare measures.*

In this study, following studies by other scholars (Dasgupta, 2004; Huang, et al., 2001; Jalan, et al., 2003; Dasgupta, et al., 2005) the dose-response function, is estimated where the dependent variable is a binary variable. This function gives the probability of getting sick after an event of pesticide spray after controlling for other factors. The reason the dose-response function is estimated as a probability function is because the data does not permit the estimation of a continuous sickness function. There were hardly any sick days when work stopped as a result of pesticide exposure. Thus, it is not possible to estimate a regular sickness function with sick days as a continuous dependent variable.

The use of probability models is conceptually preferable to conventional linear regression models when the dependent variable is dichotomous. The probability models provide parameter estimates, which are asymptotically consistent and efficient. In this section, a Probit model is used to study the determinants of the probability of getting sick. The general model is a binary choice model involving estimation of the probability of falling sick (y) as a function of a vector of explanatory variables (x). It is assumed that there is an underlying response variable y_i^* defined by the regression relationship (Gujarati, 2004).

$$y_i^* = \beta' x_i + u_i \dots\dots\dots (1)$$

In practice, y_i^* is unobservable and, what is observed is a dummy variable y defined by

$$y = 1 \text{ if } y_i^* > 0 \text{ (SICK = YES)} \\ = 0 \text{ otherwise (NOT SICK = NO)} \dots\dots\dots (2)$$

From the above relations, we get

$$Prob (y_i = SICK) = Prob (u_i > -\beta' x_i) = 1 - F(-\beta' x_i) \dots\dots\dots (3)$$

Where F is the cumulative distribution function. Hence, we obtain the following likelihood function

$$L = \prod_{y=0} F(-\beta' x_i) \dots\dots\dots (4)$$

Taking the logarithm of L and maximizing with respect to β , which gives us the maximum likelihood estimator of the slope coefficients from which we can estimate the impact of different doses of pesticides on the probability of falling sick. The explanatory variables used in the Probit model and the expected signs are presented in Table 4 and described below. The dataset for estimating the dose-response variable includes 1448 observations from applicators (both during days when they were exposed to pesticides and when they did other work) as well as other agricultural laborers when they were doing field work.

Y (1= sick or 0=not sick): The health effects of pesticide exposure are manifested as specific symptoms or a combination of a few symptoms. Building on scientific information as well as a preliminary pilot study, 17 types of symptoms were first identified. Based on whether or not pesticide-related symptoms were reported, a sickness dummy variable was created. This is the dependent variable in the dose-response function.

Body Mass Index : The Body Mass Index (BMI) gives a measure of the general health status of the individual. A BMI value between 18.5 and 25 is reported to be the desirable value and any value below or above is undesirable. The lower values represent the risks due to malnutrition while the higher values reflect the danger of obesity. Malnutrition is a possibility with our sample and hence the expected sign of this variable is negative. (see Appendix E for further details)

Pesticide Dose: These variables captures the dilution of spray fluid and the toxicity of the chemical used. WHO has prescribed a color code for chemical pesticides according to the toxicity level. This is based on their LD₅₀ value. The Lethal Dose (LD) is the quantity required to kill 50% of the target population. The lower the value, the more toxic the chemical is. Extremely toxic chemicals are marked red (LD₅₀ less than 50), highly toxic chemicals as yellow (LD₅₀ value 50-500), the moderately toxic as Blue (with LD₅₀ 500-5000) and the slightly toxic as Green (LD₅₀ value greater than 5000). In our study, the dose variable captures the effect of the dilution of the spray fluid. It is a function of the quantity of the chemical used, the concentration of the formulation and the quantity of water used. Based on data on spray dilution, pesticide used and concentration, we created four variables that represent the pesticide dose: DRed (Dose of RED category), DYellow (Dose of YELLOW category), DBlue (Dose of BLUE category) and DGreen (Dose of GREEN category). We expected a positive sign for all the four variables. These variables took the value zero for workers who were agricultural laborers or for applicators on non-applying days.

Duration of Exposure: This variable represents the total time taken for preparing the spray fluid and actual application by the pesticide applicator. For non-application days and for agricultural workers, this is the duration they engage in work. This variable is expected to have a positive sign.

Temperature in degree Celsius: In tropical countries the temperature gradient during the spray has an influence both on the general health status of the worker as well as the decomposition of the chemical. We collected the maximum day temperature on the day of the spraying from the records maintained by the Rice Research Station, Alappuzha, which is the nearest station recording meteorological observation for the Kuttanad area. We expected a positive sign for this variable.

Personal Habits: The primary data showed smoking and alcohol consumption as the key personal habits that pose a health danger to farm workers. These two variables were included as two separate dummy variables and we expected a positive health risk to be associated with smoking and alcohol consumption.

Education: Education was expected to have a negative impact. The more educated people were expected to be at a lower risk owing to better awareness. The respondents were grouped into three groups based on the education level— from 1 year of schooling upto 4 years, from 5 years up to the 7 years and above 7 years . Two dummy variables were used to estimate the effect of education on the probability of sickness. The first group (upto 4 years) was the default group and the next two, i.e. from 5 years to 7 years and above 7 years were taken as two dummy variables.

In the initial part of the analyses, dummy variables were also included to control for the frequency of visits made for data collection. But these did not have any significant influence and hence were dropped in the final regressions shown.

The dose-response function allows us to estimate predicted individual probabilities of sickness. The expected mean probability of sickness was then estimated for each group of pesticide applicators on applying days, pesticide applicators while doing other type of work and agricultural laborers.

Undertaking sensitivity analyses, the probabilities of sickness under four policy contexts for the first group were also estimated: a) the probability of sickness if there is a decline in dose of all chemicals by 10% from the current level; b) the probability of sickness if there is a decline in dose of all chemicals by 25% from the current level; c) the probability of sickness if there is a decline in dose of the most toxic chemical (Red) by 25% from the current level; d) the probability of sickness if the most toxic chemicals (Red) are fully replaced by safe chemicals (Green).

4.2. The Cost of Illness

The next step of the analysis was to identify the monetary costs associated with sickness that resulted from pesticide exposure. In general, estimation of economic value of health damages is undertaken using three major approaches (Wilson, 1998): Avertive / defensive expenditure method, cost-of-illness method and contingent valuation method.

The cost-of-illness method (COI) is perhaps the most widely used approach and involves estimating the medical expenditure associated with illness, lost earnings due to lost work days or, value of productivity losses, the value of leisure hours lost, travel costs and special dietary expenses associated with medical treatment. Thus, the cost-of-illness estimates provide an account of the money spent in all direct and indirect aspects of illness, which includes the direct private costs (medical expenses) and indirect costs (loss of work days due to poor health, time spent on seeking medical help and losses due to poor efficiency). However, a wide variation can be observed in the literature in terms of what is considered under costs in COI studies. For example, Harrington and Portney (1987) takes only medical costs and wage loss into account, whereas Hodgson and Meiners (1982) includes transportation, special dietary costs, certain household expenses and certain property losses. In a more recent study, Maumbe and Swinton, (2003) exclude the travel and leisure time value as well as the cost of traditional and home remedies.

This study followed the method adopted by Wilson (1998). The cost- of- illness estimates thus include the doctor's fee, cost of medicines, laboratory expenses, transportation expenses (for the applicator and companion), hospital fees, dietary expenses, and earnings from lost work days (wages multiplied by time lost on account of sickness and time taken to travel to seek medical help).

Cost-of-illness estimates are considered a lower bound of the actual costs incurred as the estimate does not include the social costs incurred (Drummond, 1992; Jefferson, et al., 1996; Wilson, 2000). Apart from this, the estimate excludes the value of leisure time, disutility due to illness,

losses due to poor work efficiency and productivity losses due to poor supervision or work in own farm.

Estimation of cost-of-illness in developing countries can pose several challenges. Poor countries, seeking medical help is rare among the low-income groups, unless the symptoms are very severe. If the symptoms are not acute, they are often neglected or home remedies are adopted, for example, bathing in water boiled with neem or tulsi leaves. In this study, it was found that it was easy to gather data when there was hospitalization or when the respondents sought formal medical help. However, when the symptoms were not considered very serious, formal medical advice was not sought and the respondents depended on self-medication or ‘over-the-counter’ medicines that are available without formal medical prescription. They also, adopted local practices (drinking tender coconut water), or consulted local ayurvedic practitioners (vaidyas). In such cases, the market value of the drugs/nutrition supplement and the opportunity cost of labor were imputed. In many cases, it was possible to obtain a clearer account of the expenses by talking to women folk in the house.

In this study, because of the high variability in the cost-of-illness, obtaining a simple average estimate of the cost-of-illness (as is often done in similar studies) is not justified. Hence, based on the medical advice, the health damages for each individual were categorized as mild, moderate and severe. The average cost of illness (C) for each category is estimated as

$$C_j = \frac{\sum_{i=1}^{N_j} (M_{ij} + W_{ij}T_{ij})}{N_j} \dots\dots\dots (5)$$

Where,

C_j is the average cost-of-illness in the j^{th} group, with $j = 1, 2, 3$ reflecting mild, moderate and severe symptoms

M_{ij} is medical expenditure incurred by the i^{th} individual in the j^{th} group

W_{ij} is the wage rate of i^{th} individual in the j^{th} group and

T_{ij} is the work-time losttime unable to work of by the i^{th} individual in the j^{th} group and

N_j is total number of times the respondents reported sick in j^{th} group.

The overall cost of illness or welfare loss (W_j) due to sickness for individuals in each group is given by group is:

$$W_j = C_j \sum_{i=1}^{N_j} \hat{F}_{ij} \dots\dots\dots (6)$$

where,

W_j is the welfare loss in j^{th} group

C_j is the average health cost in the j^{th} group

P is the estimated probability of $Y=1$ in j^{th} group

N_j is total number of times the respondents reported sick

Finally, we estimated the welfare loss due to pesticide exposure as the difference between the welfare loss of pesticide applicators during application days and that of the applicators during non-application days. We found that the estimated health cost for the two groups, applicators on non-applying days and agricultural laborers, to be the same.

Further the analysis is extended to assess the welfare gain through four management options as explained earlier.

5. Results

5.1. Dose response Function

The summary statistics of the variables used in the dose-response function and the results of the analysis are furnished in Tables 5 and 6. The dose-response model, which was estimated to assess the influence of the independent variables on the probability of sickness confirmed most of the assumptions and the signs of the significant coefficients were as expected. The dose of red, yellow and blue category chemicals, smoking, Body Mass Index and education levels recorded a significant influence on the dependent variable.

The dose of the toxic chemicals (red, yellow and blue), which captures the dilution of spray fluid and the concentration of formulation, exerts a strong positive effect on the health risk. We have observed that a majority of the sprayings (70 %) used red and yellow category of the pesticides and these have a significant effect on the probability of sickness. The safer dose (green) has an insignificant effect.

Smokers are more likely to fall ill after spraying compared to non-smokers and smoking appears to be more harmful than alcohol consumption. Alcohol consumption, which was expected to have a positive effect on health damage, shows a negative sign. However this coefficient is not significant.

The more educated experience fewer chances of falling sick after spraying, apparently due to better care in handling the chemical. However, this is not reflected in the adoption of scientific protection gadgets. None of the respondents used the recommended protective gears.

Lower values of the Body Mass Index reflect the health risks due to malnutrition whereas the higher values reflect obesity problems. In our sample, the chances of the former are more likely than that of the latter and hence an inverse relationship is expected between BMI and the probability of sickness. However, the coefficient on BMI has an unexpected positive sign and is significant at the 10% level. The effect of temperature is positive but not significant. Duration of exposure shows a negative sign and is contrary to expectations. However, since the coefficient is not significant, the perverse sign can be ignored.

The expected predicted probabilities of illness estimated from the Probit model are presented in Table 7. The probability estimate for the applicator group (0.72) is significantly different statistically from that of the applicator group during the non-applying days (0.64) and from that of the agricultural labor group (0.63). The probability estimates in the latter two cases are the same. A reduction in dose of all chemicals by 10% or a 25% reduction in the dose of the most toxic chemical (red) yields the same effect, reducing the probability of sickness during application days to 0.61. This probability reduces to 0.56 if all chemical doses are reduced by 25%. Hence, if people can be persuaded to substitute the safest chemical for the most toxic, the probability of falling sick as a result of exposure is again 0.64, which is identical to the probability of falling sick when not exposed.

5.2. The Welfare Loss

The adaptive response to sickness by exposure to pesticides varies depending upon the severity of the symptom and its type. The general practice, when the symptoms are mild, is to resort to home remedies and to depend on self-medication of common allopathic drugs and rest. However, when the symptoms are moderate, physicians are formally consulted and their advice followed. When the symptoms are severe, workers are often admitted to hospital. The estimated average health cost for the sample is presented in Table 7. The welfare losses recorded in this Table reflect the costs of illness as well as the probability of falling sick.

Table 7 indicates that the health costs for the applicators during both non-applying days and agricultural laborers days are the same (Rs.33 per day). Health costs for applicators are Rs. 41 per day. The difference, (Rs.38 (US\$ 0.86),) is the cost due to pesticide exposure. This amounts to 24% of the average daily earnings from pesticide application. Health costs associated with other types of work amount to only 1.5% of their average daily earnings. Assuming 42 spraying days per year, the average annual welfare loss to an applicator from pesticide exposure amounts to Rs.1596 (US\$ 36) per applicator.

The total population of farm workers in Kerala is reported to be 16,53,601 (according to the 2001 Census) of which 11,03,317 are males. Only male workers undertake pesticide application work. On the basis of this data, we could make the modest assumption that 10% of these male workers undertake pesticide application work and that the average spraying work days of a worker is 42 days per year. This would lead us to estimate that the welfare loss from total acute health damages from pesticide exposure is Rs 18 crores per year.

Our study results reinforce findings from other pesticide exposure studies. For example, Wilson (2002), following the cost-of-illness approach, estimated that a farmer in Sri Lanka on an average incurs a cost equal to a month's income every year due to exposure to pesticides. In our study, the annual welfare loss is equal to half a month's income per year. (Assuming: 42 days of spraying and 156 days of other work). In the Philippines, the health cost of farmers exposed to pesticides is reported to be 61% higher than that of unexposed farmers (Pingali, et al., 1995). In our study, this difference is much higher. It is 14 times more than that for those not exposed. Our findings are also rather high compared to some recent estimates from Nepal (Atreya, 2007). This can be attributed to the generally high level of insecticide use in Kuttanad (more of organophosphates) compared to fungicides, the high temperature gradient, the longer work hours, the higher wages and the higher expense associated with medical care.

Through effective awareness creation programs or other policy measures, it is possible to reduce the concentration of spray fluid from the current level by 10%, which would reduce the welfare loss by 16%. The same effect can be generated by a concerted effort to reduce the dose of the most toxic category of chemicals (red) by 25%. If this is completely replaced by the safest pesticides, the loss can be reduced by 13%. Dose reduction can be achieved either through restricting the quantity of formulation or by merely increasing the dilution of the spray fluid via more water. In our sample, the quantity of water used was observed to be much below the recommended level while the quantity of chemicals used was above the scientifically recommended levels by 17-233%. An extension strategy focusing on this aspect alone would result in an improvement in the health of the applicator without incurring any additional private cost. One way of achieving this is through the targeted training of pesticide applicators. Our study indicates that none of the applicators have had any scientific training in pesticide handling and use. The study also revealed that they had wrong perceptions about the toxicity of the pesticides they handled.

6. Conclusions

Occupational exposure to pesticides is very common among workers in the agricultural sector in developing countries. Our study suggests that pesticide use is often unscientific at all levels of use—from the selection of chemicals and handling practices to averting behavior. This results in health damages to the extent of Rs 38 per day (US\$ 0.86) per individual. These costs can also be reduced by improving the spray fluid dilution, that is, by either using more water or going for safer chemicals at a lesser quantity, or a combination of both. We note that these costs are a conservative estimate because they do not take into account long-term chronic illnesses, public expenditure on health care and are only based on self-reported symptoms.

Our study shows that any program with a Rs 18 crores investment for improving the welfare of this group of farm workers can be economically justified. Just as the State Factories and Boilers Department assures the safety and health of industrial workers handling hazardous materials in the case of industries, the State Department of Agriculture could initiate programs with a similar objective. The existing welfare fund board for agricultural laborers could also institute a special component for pesticide applicators.

Support could be provided by imparting training in safe-handling of pesticides and adoption of scientific dose, subsidized supply of protective gear, and awareness-creation programs.

A labor bank of trained pesticide applicators could be maintained in each panchayat which can serve the farm sector in a better and more efficient manner while minimizing welfare losses. Simultaneously, insurance protection measures for pesticide applicators could be introduced. Insurance companies could use the results of this and other studies for estimating the premium. The state could also bear a part of the premium as the social savings accrued by way of health damages avoided.

7. Acknowledgements

I acknowledge with gratitude the excellent support provided by Dr Priya Shyamsunder, Professor Enamul Haque and Professor M N Murty during all stages of the project implementation. The support provided by the research team (Srilakshmi, Geevar, Jishamol and Remya) too requires special mention. I thank Dr. S. Madheswaran and Dr. K. R. Shanmugam for their help with the statistical analysis. Above all, I gratefully acknowledge the financial and logistics support extended by SANDEE without which this research would not have been possible.

References

- Antle, John M and PL Pingali (1994), "Pesticides, Productivity, and Farmer Health: A Philippine Case Study," *American Journal of Agricultural Economics*, 76 (3): 418-430.
- Antle, J M, D C Cole and C C Crissman (1998), "Further Evidence on Pesticides, Productivity and Farmer Health: Potato Production in Ecuador," *Agricultural Economics*, 18: 199-207.
- Aravindan, K P (ed) (2006), *Kerala Padanam (A Study of Kerala)*, Kerala, Kerala Shastra Sahitya Parishad, 203.
- Atreya, K (2007), "Pesticide Use in Nepal: Understanding Health Costs from Short-Term Exposure," SANDEE Draft Manuscript. Kathmandu, Nepal.
- Bhatnagar, V K (2001), "Pesticide Pollution Trends and Perspectives," *I C M R Bulletin*, 31 (9): 87-88.
- Brahmaprakash, G P and N Sethunathan (1987), "Relative Persistence of Hexachloro Cyclo Hexane, Methyl Parathion and Carbofuran in an Alluvial Soil under Flooded and Non-flooded Conditions," *Agricultural Economics*, 30: 71-80.
- Cole, D C, F Carpio, J Julian and N Leon (1998), "Economic Burden of Illness from Pesticide Poisonings in Highland Ecuador," *Pan American Review of Public Health*, 8(3): 196-201.
- Crissman, C C, J M Antle and S M Capalbo (1998), "Economics, Environmental and Health Trade-offs in Agriculture: Pesticides and the Sustainability of Andean Potato Production," International Potato Centre, Dordrecht: Kluwer Academic Publishers.
- Cropper, M L and A M Freeman (1991), "Environmental Health Effects," *Measuring the Demand for Environmental Quality*, Ed. J B Braden and C D Kolstand, North Holland: Elsevier Science Publishers.
- Dinham, B (1993), *The Pesticide Hazard: A Global Health and Environmental Audit*, London: Zed Books.
- Dasgupta, P (2004), "Valuing Health Damage from Water Pollution in Urban Delhi, India: A Health Production Function Approach. *Environment and Development Economics*, 9(1): 83-106.
- Dasgupta, S, N Mamingi and C Meisner (2001), "Pesticide Use in Brazil in the Era of Agro Industrialization and Globalization," *Environment and Development Economics*, 6 (4): 459-482.
- Dasgupta, S, C Meisner, D Wheeler, N T Lam, and K Xuyen (2005), "Pesticide Poisoning of Farm Workers: Implication of Blood Test Results from Vietnam," *Policy Research Working Paper*, 3624, Washington, DC: World Bank.

Down to Earth (2001), "Editorial," 9(19): 28-35.

Drummond, M F (1992), "Cost-of-illness Studies—A major headache," *Pharmacoeconomics*, 2 (1): 1-4.

Forget, G (1991), "Pesticides and the Third World," *Journal of Toxicology and Environmental Health*, 32: 11-13.

Freeman III, M A (2003), *The Measurement of Environmental and Resource Values—Theory and Methods*, 2nd Edition, Washington: Resources for Future.

Hodgson, T.A and Meiners, M. (1982) Cost of illness methodology: A guide to current practices and procedures. *Milbank Memorial Fund Quarterly Health and Society* (Summer) pp.429-62. Gangamma, G N and B S Satyanarayana (1991), "Danger Posed by Pesticides," *Spice India*, 32(9): 7-9.

Gujarati, N D (2004), *Basic Econometrics*, 4 th Edition, New Delhi: Tata Mc Graw-Hill.

Harrington, W and P R Portney (1987), Valuing the Benefits of Health and Safety Regulations, *Journal of Urban Economics*, 22(1): 101-112.

Hodgson, T A and M Meiners (1982), "Cost of Illness Methodology: A Guide to Current Practices and Procedures," *Health and Society*, *Milbank Memorial Fund Quarterly* (Summer): 429-62.

Huang, J, F Qiao, L Zhang and S Rozelle (2001), "Farm Pesticides, Rice Production and Human Health in China," Research Report, Singapore: Economy and Environment Program for South East Asia, p.56.

Jalan, J, E Somanathan, S Chowdhari (2003), "Awareness and the Demand for Environmental Quality: Drinking Water in Urban India," SANDEE Working Paper No. 4-03, Katmandu, Nepal.

Jefferson, T, V Demicheli and M Mugford (1996), "Cost-of-Illness Studies," *Elementary Economic Evaluation in Health Care*, London: BMJ Publishing Group, pp 17-29

Jeyaretnam, J (1990), "Acute Pesticide Poisoning: A Major Global Health Problem," *World Health Quarterly*, 43(3): 139-144.

Jeyaratnam, J, K C Luw and W O Phoon (1987), "Survey of Acute Pesticide Poisoning among Agricultural Workers in Four Asian Countries," *Bulletin of the World Health Organization*, 65(4): 521-527.

Krishna, Vijesh V (2001), "Sustainability and Economic Efficiency of Agro-Ecological Problem Area Zone of Kerala," M Sc Thesis (Unpublished), University of Agricultural Sciences, Bangalore, India.

Kishi, M, N Hirschhorn, M Djajadisastra, L N Satterlee, S Strowman, and R Dilts (1995), "Relationship of Pesticides Spraying to Sign and Symptoms in Indonesian Farmers,"

Scandinavian Journal of Work, Environment and Health, 21: 124-133.

Maumbe, B M , M S Swinton (2003), "Hidden Health Costs of Pesticide Use in Zimbabwe's Small Holder Cotton Growers," *Social Science and Medicine*, 57: 1559-1571.

Mencher, J P (1991), "Agricultural Labor and Pesticides in Rice Regions of India: Some Health Considerations," *Economic and Political Weekly*, 26 (39): 2263-2268.

Naidu, N A, J Neela and P N Rao (1991), "Maternal body mass index and birth weight," *Nutrition News*, 12.2:

Ngowi, A V (2002), "Health Impact of Exposure to Pesticides in Agriculture in Tanzania," Ph D Dissertation Submitted to the Faculty of Medicine of the University of Tampere, Tampere, Finland.

Pimentel, D (1992), "Environment and Human Cost of Pesticides Use," *Bioscience*, 42: 740-760.

Pingali, P L, C B Marquez, F G Palis and A C Rola (1995), "The Impact of Pesticides on Farmers Health: A Medical and Economic Analysis in the Philippines," *Impact of Pesticides on Farmer Health and the Rice Environment*, Ed. P L Pingali and P A Roger, Philippines: International Rice Research Institute (IRRI).

Puri, S N (1998), "Present Status of Integrated Pest Management in India," Paper presented at the Seminar on Integrated Pest Management, Bangkok: Asian Productivity Organization at Thailand Productivity Institute.

Rakesh, D (1999), "Economic Analysis of Externalities in the Estuarine Ecosystem of Kuttanad in Kerala," M Sc Thesis (Unpublished), University of Agricultural Sciences, Bangalore, India.

Rola, A C and P L Pingali (1993), "Pesticides, Rice Productivity, and Farmers' Health: An Economic Assessment", Is this a Discussion/Working Paper? Include number too. Philippines: International Rice Research Institute and Washington, DC: World Resources Institute.

Rajendran, S (2003), "Environment and Health Aspects of Pesticides Use in Indian Agriculture," *Proceedings of the Third International Conference on Environment and Health*, Ed. Martin J Bunch, V Madha Suresh and T Vasantha Kumaran, Chennai, India: 353-373.

Rosenstock, L, M Keifer, W E Daniell, R McConnell and K Claypoole (1991), "Chronic Central Nervous System Effects of Acute Organophosphate Pesticide Intoxication," *Lancet*, 338: 223-227.

Sivayoganathan, C, S Gnanachandran and J Lewis (1995), "Protective Measures Use and Symptoms among Agro Pesticide Applicators in Sri Lanka," *Social Science and Medicine*, 40: 431-436.

Thippaiah, P and R S Deshpande (1999), *The Reform of Subsidy Regime in respect of all Agricultural Implements and Machinery including Drip and Sprinkler Irrigation*, Bangalore: ADRT Unit, Institute for Social and Economic Change, Bangalore, India.

World Resources Institute, UNEP, UNDP, World Bank (1998), *Environmental Change and Human Health, World Resources 1998-1999*.

W H O (1990), *Public Health Impact of Pesticides used in Agriculture*, Geneva: World Health Organization.

Wilson, C (1998), “Cost and Policy Implications of Agricultural Pollution with special reference to Pesticides,” PhD Thesis submitted to the Department of Economics, University of St Andrews, Scotland .

Wilson, C (2000), “, “Environmental and Human Costs of Commercial Agricultural Production in South Asia,” *International Journal of Social Economics*, 27: 816-846.

Wilson, C (2002), “Private Cost and the Relation between Pesticide Exposure and Ill Health: Evidence from Sri Lanka,” *Environmental Economic and Policy Studies*, 5(3): 213-227.

Tables

Table 1: Socio-Economic Profile of the Respondents

| SI No. | Description | Pesticide Applicators | | | Applicators During non-applying days | | | Agricultural Labor | | |
|--------|----------------------------------|-----------------------|-------|-------|--------------------------------------|-----|------|--------------------|-------|-------|
| | | mean | min | max | mean | min | max | mean | min | max |
| 1 | Age (years) | 45 | 23 | 70 | - | - | - | 50 | 30 | 70 |
| 2 | Education* | 2.26 | 1 | 4 | - | - | - | 1.39 | 1 | 4 |
| 3 | Body Mass Index | 21.72 | 15.57 | 30.61 | - | - | - | 22.93 | 16.36 | 28.01 |
| 4 | Duration of Work (hrs/day) | | | | | | | | | |
| | a) Agricultural Work | 2.18 | 0.5 | 5 | 6.3 | 1.5 | 8 | 5.7 | 2 | 9 |
| | b) Non Agrl. Work | - | - | - | 3.84 | 1 | 8 | 5.29 | 3 | 8 |
| 5 | Wages (Rs/hour) | | | | | | | | | |
| | a) Agricultural Work | 73 | 20 | 200 | 30 | 14 | 107 | 30 | 13 | 125 |
| | b) Non Agricultural Work | - | - | - | 52 | 17 | 125 | 36 | 25 | 87.5 |
| 6 | Average earnings per day (Rs/hr) | | | | | | | | | |
| | a) Agricultural Work | 159 | 10 | 1000 | 192 | 21 | 856 | 170 | 27 | 1125 |
| | b) Non Agricultural Work | - | - | - | 198 | 17 | 1000 | 192 | 75 | 700 |

*up to 4 years schooling =1, up to 7 years schooling = 2, up to and above 10 years schooling =3

Table 2: Pesticides in Rice Production in Kuttanad

| SL No. | Trade name | Active Ingredient | Chemical Group | Recommended Dosage / per ha | Average level of application | Excess (%) |
|--------------------|---------------|--|---------------------------|-----------------------------|------------------------------|------------|
| Insecticide | | | | | | |
| 1 | Asataf | Acephate | OP | 800 gm | 1467 | 83.38 |
| 2 | Ambush | Synth.Pyrethroid | SP | 250 gm | 553 | 121.20 |
| 3 | Atom | Imidacloprid | Neonicotinyles | 150 ml | 500 | 233.33 |
| 4 | Dimecron | Phosmamidon | OP | 250 ml | 605 | 142.00 |
| 5 | Ekalux | Quinalphos | OP | 750 ml | 1073 | 43.07 |
| 6 | Hostathion | Triazaphos | OP | 625 ml | 878 | 40.48 |
| 7 | Karate | Lamdacyhalothrin | SP | 625 ml | 1648 | 163.68 |
| 8 | kargill 400 | Hostathion | OP | 625 ml | 1440 | 130.40 |
| 9 | Lanite | Acephate | OC | 800 ml | 1482 | 85.25 |
| 10 | Lindane | BHC | OC | 2000 gm | 2933 | 46.65 |
| 11 | Malathion | Mercaptothion | OP | 1000 ml | 1527 | 52.70 |
| 12 | Metacid | Methyl parathion | OP | 500 ml | 773 | 54.60 |
| 13 | Monocrotophos | Monocrotophos | OP | 600 ml | 1535 | 155.83 |
| 14 | Nuvacron | Monocrotophos | OP | 600 ml | 769 | 28.16 |
| 15 | Rogor | Dimethoate | OP | 1000 ml | 1235 | 23.50 |
| 16 | Sevin | Carbaryl | Carbamate | 2000 gm | 4199 | 109.95 |
| 17 | Tatamida | Imidachlorprid | Neonicotinyles | 150 ml | 367 | 144.67 |
| 18 | Tatareeva | Lamdacyhalothrin | SP | 625 ml | 1180 | 88.80 |
| 19 | Trebone | Ethophenprox | SP | 1500 ml | 2109 | 40.60 |
| Weedicide | | | | | | |
| 20 | 2,4-D | Fernoxone | Phenoxy | 1200 gm | 680 | -43.33 |
| 21 | Almix | Metsulfuron methyl and Chlorimuron ethyl | Alkanoics Sulphonyl Ureas | 20 gm | 62 | 210.00 |
| 22 | Clincher | Cyhalofop butyl Alkanoics | Phenoxy | 1000 ml | 1342 | 34.20 |
| Fungicide | | | | | | |
| 23 | Contaf | Hexaconazol | Triazole | 800 ml | 940 | 17.50 |
| 24 | Bavistin | Carbendazim | Carbamate | 500 gm | 617 | 23.40 |
| 25 | Hinosan | Edephenphos | OP | 500 ml | 869 | 73.80 |
| 26 | Kitazin | Kitazin | OP | 500 ml | 765 | 53.00 |

OP- Organo Phosphates, OC-Organo Chlorines, SP- Synthetic Pyrethroids

Table 3: Health Symptoms as a Result of Pesticide Exposure (No. of cases)

| Sl.No | Type of sickness | Pesticide applicators during applying days | Pesticide applicators during non-applying days | Agricultural labors |
|-------|----------------------|--|--|---------------------|
| 1. | Eye irritation | 147 | 2 | 3 |
| 2. | Nausea | 66 | 1 | 15 |
| 3 | Giddiness | 29 | 2 | 3 |
| 4. | Breathing problems | 87 | 5 | 3 |
| 5. | Fever | 20 | 9 | 2 |
| 6 | Dehydration | 5 | 0 | 0 |
| 7 | Vomiting | 40 | 0 | 0 |
| 8 | Cramps | 29 | 3 | 0 |
| 9 | Itching | 228 | 5 | 2 |
| 10 | Convulsions | 24 | 0 | 0 |
| 11 | Burning sensation | 51 | 0 | 1 |
| 12 | Hives | 134 | 13 | 2 |
| 13 | Diarrhea | 11 | 0 | 0 |
| 14 | Excessive salivation | 6 | 0 | 1 |
| 15 | Vision problems | 6 | 0 | 0 |
| 16 | Tremor | 11 | 0 | 0 |
| 17 | Others | 11 | 55 | 0 |
| 18 | No symptom | 239 | 117 | 69 |
| 19 | Total sample | 1135 | 212 | 101 |

Table 4: Dose Response Function and Determinants of Health Damage

| Sl.No | Variables | Expansion | Description | Expected Sign |
|------------------------------|-----------|----------------------------------|--|---------------|
| Dependent Variables | | | | |
| 1 | Y | Sick or Not Sick | 0= Not Sick 1=Sick | NA |
| Independent Variables | | | | |
| 1 | DRed | DOSE of RED category chemical | $\frac{\text{Quantity of the pesticide applied}}{\text{Quantity of water}} \times \text{Concentration of the pesticide formulation}$ | |
| 2. | DYellow | DOSE of Yellow category chemical | „ | + |
| 3. | DBlue | DOSE of Blue category chemical | „ | + |
| 4. | DGreen | DOSE of Green category chemical | „ | + |
| 5. | DUR | Duration of exposure | Duration of work (mts) for all category | + |
| 6 | TEMP | Temperature (degree Celsius) | Maximum Day temperature in the area | + |
| 7 | SMOKE | Smoking habits | 0 = if non Smoker 1 = Smoker | + |
| 8 | ALCO | Alcohol consumption (0,1) | 0 = no consumption 1 = if consumption | + |
| 9 | BMI | Body Mass Index | $Wt / Ht^2 \times 100$ | ? |
| 10 | EDU1 | Education level | From 5 years of schooling to 7 years schooling | - |
| 11 | EDU2 | „ | above 7 years of schooling | - |
| 12 | AGE | Age | Age in years | + |

Table 5: Summary Statistics of Variables used in the Dose-Response Function

| SL No. | Variables | Mean | Min | Max |
|--------|-----------|--------|-------|---------|
| 1 | Y | .7048 | 0.00 | 1.00 |
| 2 | DRed | 61.05 | 0.00 | 1000.00 |
| 3 | DYellow | 131.73 | 0.00 | 1700.00 |
| 4 | DBlue | 140.47 | 0.00 | 1950.00 |
| 5 | DGreen | 1.18 | 0.00 | 125.00 |
| 6 | DUR | 284 | 30.00 | 540.00 |
| 7 | TEMP | 33.36 | 29.00 | 34.60 |
| 8 | SMOKE | 0.53 | 0.00 | 1.00 |
| 9 | ALCO | 0.23 | 0.00 | 1.00 |
| 10 | BMI | 21.83 | 15.81 | 30.61 |
| 11 | EDU1 | 0.32 | 0.00 | 1.00 |
| 12 | EDU2 | 0.02 | 0.00 | 1.00 |

Table 6: Binomial Probit Estimates of Determinants of Health Damage

| Variables | Coefficient | Marginal Effect |
|-------------------------|------------------------|-----------------|
| Const | -1.848698 (-1.13) | -0.622529 |
| DR | .001423894*** (5.944) | 0.000480 |
| DY | .0004482059*** (3.613) | 0.000151 |
| DB | .0005624209*** (5.429) | 0.000189 |
| DG | .001473520 (0.333) | 0.000496 |
| DUR | -0.0005954632 (-1.488) | -0.000201 |
| TEMP | 0.04112364 (0.869) | 0.013848 |
| SMOK | 0.4181616*** (5.229) | 0.140811 |
| ALCO | -0.06032019 (-0.642) | -0.020312 |
| BMI | 0.03076513 * (1.663) | 0.010360 |
| EDU1 | 0.09592683 (1.101) | 0.032302 |
| EDU2 | -0.5834437*** (-2.344) | -0.1964684 |
| No. of observation | 1448 | - |
| Log Likelihood function | -823.0797 | - |
| Restricted Log function | -879.7414 | - |
| Chi square | 113.3234 | - |

***significant at 1% level* significant at 10% level
(Figures in brackets are 't' values)

Table 7: Average Health Cost of Pesticide Exposure

| Sl. No | Description | Estimation details | Appl. Non applying days | Applicator Applying Days | Applicator on Applying Days | | | |
|--------|---|---------------------------------|-------------------------|--------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------|
| | | | | | Avg.ALL Doses decreased by 10% | Avg.ALL Doses decreased by 25% | Avg.RED Dose decreased by 25% | Avg.RED Dose replaced by GREEN Dose |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Probabilities of illness per day | From the dose response function | 0.64 | 0.72 | 0.61 | 0.56 | 0.61 | 0.64 |
| 2. | Average health cost (MC)per episode of illness(Rs) | - | 4.00 | 57 | - | - | - | - |
| 3. | Average expected health cost per event of spray / work (Rs) | Row 1 x Row 2 | 3.00 | 41 | 35 | 32 | 35 | 36 |
| 4 | Health cost due to pesticide exposure(Rs.) | Col.5-col4 | - | 38 | 32 | 29 | 32 | 33 |
| 5 | Total expected health cost per applicator per year@42 spraying days(Rs) | Row 4 x 42 | - | 1596 | 1344 | 1218 | 1344 | 1386 |

APPENDIX A

Presumptive Diagnosis of Health Index Values

| Sl.No. | BMI Class | Presumptive Diagnosis |
|--------|-----------|-----------------------|
| 1 | <16.0 | CED GRADE 2 |
| 2 | 16.0–17.0 | CED GRADE 3 |
| 3 | 17.0–18.5 | CED GRADE 1 |
| 4 | 18.5–20.0 | LOW WEIGHT |
| 5 | 20.0–25.0 | NORMAL |
| 6 | 25.0–30.0 | OBESE GRADE1 |
| 7 | >30.0 | OBESE GRADE 2 |

Source: Naidu, et al., (1991)

APPENDIX B

PESTICIDE USE IN RICE PRODUCTION AND HUMAN HEALTH— A STUDY IN KERALA

Department of Agricultural Economics
College of Horticulture
Kerala Agricultural University PO
Thrissur 680 656, Kerala

MAIN SURVEY QUESTIONNAIRE

CODE:

DATE:

Name & Address of the Respondent (contact information) :
(give contact Tel. No./land mark)

Name of *Padasekharam* :

Total Area of *Padasekharam* :

1. GEOGRAPHIC INFORMATION

| Sl.No | Particulars | Details |
|-------|--|---------|
| 1 | Village (Name, Ward) | |
| 2 | Panchayat | |
| 3 | Block | |
| 4 | Taluk | |
| 5 | District | |
| 7 | Level of Pesticide Use (High, Medium, Low) | |

2. HOUSEHOLD INFORMATION

| Sl.No. | * Family Members | Sex | Age(yrs) | ***Education | ***Occupation |
|--------------|------------------|-----|----------|--------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

* *self=1, spouse of head=2, married child=3, spouse of married child=4, unmarried child=5, grand child=6, father/mother/in-laws=7, brother/sister/brother-in-law/sis-in-law/other relatives=8, servants/other non-relatives=9*

*** *1=Farming, 2=Service, 3=Others. Others include petty works, construction sector, and other site-specific jobs*

** *1. years in schooling: 4yrs; 2. years of schooling: 7 yrs; 3. years of schooling: 10 yrs; 4. pre-degree; 5. graduate; 6. post-graduate; 7. technical education / diploma.*

3. Please ask about the property (durable goods) that the respondent has in his/her home

| SN | Durable goods | Specification if any (E.g., Mention the type of livestock) | YES =1 or NO = 2 | Number | What is the value if you sell it today (This question corresponds to the market for second hand goods in the rural area.) |
|----|-----------------------------|--|------------------|--------|---|
| 1 | House along with homestead | | | | |
| 2 | Livestock | | | | |
| 3 | Television | | | | |
| 4 | Radio | | | | |
| 5 | Bicycle | | | | |
| 6 | Motor cycle | | | | |
| 7 | Phone | | | | |
| 8 | Boats | | | | |
| 9 | Improved toilet | | | | |
| 10 | Biogas stove | | | | |
| 11 | Other pieces of land if any | | | | |

4. Farm Information (This information is to assess the income from farm)

| Sl. No | Crops | *ownership | Area (Ha) | Season | | | Production (Kg/Year) | Price per Kg or No |
|--------|----------------------|------------|-----------|--------|---|---|----------------------|--------------------|
| | | | | 1 | 2 | 3 | | |
| 1 | Rice | | | | | | | |
| 2 | Coconut | | | | | | | |
| 3 | Arecanut | | | | | | | |
| 4 | Vegetables (specify) | | | | | | | |
| 5 | Others | | | | | | | |

1. Area Owned 2. Area Leased in 3. Area Leased out

5. Employment Details of the Respondent

| Sl. No: | Type of work | Average wage rate | Duration of work /day (Hrs) | No. of days of work/week | Season (specify months) |
|---------|--------------|-------------------|-----------------------------|--------------------------|-------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

APPENDIX C

Field Diary for Data Collection in the Project “Pesticide Use in Rice Production and Human Health—A Study in Kerala”

**South Asian Network for Development and Environmental Economics (SANDEE)
Kerala Agricultural University**

Date: Day: Name of data collector:

Name of Applicator: Code No:

Table 1: Pesticide use in Rice in the summer crop

It will cover all the pesticide application work he has done during the crop season in different fields and the details thereof. The application no. corresponds to each application done by the respondent during that particular day

| Application No: | Area covered | Period/ crop stage (Days after planting) | Variety of paddy Trad. Var=1 HYV=2 | Ownership Own=1 Hired=2 | Type of infestation # | Pesticide used ## | Perceived toxicity ### | Source of purchase Coop.soc=1 Private Dealer=2 Others=3 Qty | Qty. purchased (ml) | Cost (Rs) | | Who purchased Applicator=1 Owner=2 Others=3. |
|-----------------|--------------|--|------------------------------------|-------------------------|-----------------------|-------------------|------------------------|---|---------------------|-----------|------------|--|
| | | | | | | | | | | Rs / Unit | Unit value | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |

1. rice stem borer, 2. gall midge, 3. rice bug, 4. leaf folder, 5. BPH, 6. rice case worm, 7. rice swarming caterpillar, 8. rice hopper, 9. rice thrips, 10. whorl maggots, 11. leaf hopper, 12. rice mealy bug, 13. rice root nematode, 14. rice cyst nematode, 15. blast, 16. brown spot, 17. narrow brown leaf spot, 18. sheath blight, 19. stalk burn, 20. leaf scald, 21. BLB, 22. black leaf steak, 23. foot rot, 24. sheath rot, 25. viral disease, 26. tungro, 27. yellow dwarf, 28. grassery stunt, 29. ragger stunt, 30. false smut, 31. udbatta, 32. Others (specify), 33. Prophylactic

##1. 2,4,D, 2. dimecran, 3. ekulex, 4. metacid, 5. nuvacron, 6. bavistin, 7. hinosan, 8. Others (specify)

1=low, 2=medium, 3=high.

Table 2: Spraying Details

| Application no. | Type of sprayer Type capacity (lt) | Source of sprayer Hired=10 owned=2 | If hired, charge (Rs) | Time spent on preparing (Hrs) | Amt. of water used (lit.) | Source of water | Qty of pesticide used (ml.) | Method of mixing** |
|-----------------|---------------------------------------|--|-----------------------------|-------------------------------------|---------------------------------|-----------------------|-----------------------------------|-----------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

**Mix in a separate container and pour to the sprayer 2. Mix in the sprayer itself

Table: 2 continued ...

| Application no. | Any one to assist you Y=1, N=0 | If YType of assistance* | Duration of spray(hrs) | Wage received | | Value of wage in kind for Appli/assistant (Rs) | |
|-----------------|-----------------------------------|----------------------------|---------------------------|---------------|-------|---|-------|
| | | | | Appl. | Asst. | Appl. | Asst. |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

* For mixing only=1, For spraying only=2, For both=

Table 3: Mitigating Behavior

| Application no. | Did you use any protection gear Y=1, N=0 | If yes, specify the type# | Source Free-1, Purchased-2 | If cost of that item | |
|-----------------|---|------------------------------|-------------------------------|----------------------|------|
| | | | | Year of purchase | Cost |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

0=nothing; 1=leg care: boots/shoes/others, 2=Head cover: hat, helmet, others, 3=eye-care: glasses, others, 4=body cover: full sleeved shirt, others, 5=hand care: gloves, others, 6=face care: mask, others, 7=Leg care: Full length trousers, dhoti, others, 8= Others (specify)

Table 4: Health Effects

| Application no. | Did you feel any discomfort after your spraying Y=1,N=2 | If 1, Specify the type * | How long did the symptom last (hrs) | Did you adopt any treatment for that ? Yes-1, No-2 | If yes, system of medicine # | Whether hospitalized or not. If yes, no. of days | Medical Expenses | | | |
|-----------------|---|--------------------------|-------------------------------------|--|------------------------------|--|------------------|-----------|------------|-------------------|
| | | | | | | | Doctor's fee | Medicines | Lab. Tests | Hospital expenses |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

* 1. Eye irritation, 2. Nausea, 3. Giddiness, 4. Shortness of breath, 5. Fever, 6. Dehydration, 7. Vomiting, 8. Cramps, 9. Itching, 10. Convulsion, 11. Burnt feel, 12. Skin irritation, 13. Diarrhea, 14. Excessive salivation, 15. Blurred vision, 16. Tremor, 17. Others

1. Allopathic, 2. Ayurvedic, 3. Siddha, 4. Unani, 5. Home Remedies

Table 5a: Health Cost

| Application no. | Related traveling expenses | Related dietary expenses | Loss of work days | Substitution by family labor and loss of time in his/her work | Income lost due to this | Approx: crop damage due to lack of supervision specify | Estimated loss | Others if any, specify |
|-----------------|----------------------------|--------------------------|-------------------|---|-------------------------|--|----------------|------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

Table 5 b: Health cost, if system of Home Remedies

| Material used | Fuel for cooking | Market price | Time spent on preparing | Total cost | Local vaidyan's fee if any |
|---------------|------------------|--------------|-------------------------|------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

APPENDIX D

Field Diary for Data Collection in the Project “Pesticide Use in Rice Production and Human Health—A Study in Kerala”

South Asian Network for Development and Environmental Economics (SANDEE)

Kerala Agricultural University

(For applicators when they are engaged in other work, NOT spraying)

Name of Field Assistant

Part I

Name:

Address:

Location:

Code no:

PART II

Table 1: Employment Details

| Date | Type of work | Duration (hrs) | Wages(Rs) |
|------|--------------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table 2: Health Effects

| Date | Did you feel any discomfort after your spraying Y=1,N=2 | If 1, Specify the type * | How long did the symptom last (hrs) | Did you adopt any treatment for that ? Yes-1, No-2 | If yes, system of medicine # | Whether hospitalized or not. If yes, no. of days | Medical Expenses | | | |
|------|--|--------------------------|-------------------------------------|---|------------------------------|--|------------------|-----------|------------|-------------------|
| | | | | | | | Doctor's fee | medicines | Lab. Tests | Hospital expenses |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* 1. Eye irritation, 2. Nausea, 3. Giddiness, 4. Shortness of breath, 5. Fever, 6. Dehydration, 7. Vomiting, 8. Cramps, 9. Itching, 10. Convulsion, 11. Burnt feel, 12. Skin irritation, 13. Diarrhea, 14. Excessive salivation, 15. Blurred vision, 16. Tremor, 17. Others
 # 1. Allopathic, 2. Ayurvedic, 3. Siddha, 4. Unani, 5. Home Remedies

Table 3: Health Cost

| Date | Related traveling expenses | Related dietary expenses | Loss of work days | Substitution by family labor and loss of time in his/her work | Income lost due to this | Approx: crop damage due to lack of supervision specify | Estimated loss | Others if any, specify |
|------|----------------------------|--------------------------|-------------------|---|-------------------------|--|----------------|------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Table 4:

| Health cost, if system of Home Remedies | | | | | |
|--|-------------------------|---------------------|--------------------------------|-------------------|--|
| Material used | Fuel for cooking | Market price | Time spent on preparing | Total cost | Local <i>vaidyan</i>'s fee if any |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

APPENDIX E

Field Diary for Data Collection in the Project “Pesticide Use in Rice Production and Human Health—A Study in Kerala”

South Asian Network for Development and Environmental Economics (SANDEE)
Kerala Agricultural University

(Questionnaire for Data Collection from Agricultural laborers)

Part I

Name of Field Assistant:

Name:

Address:

Location:

Code no:

Part II

Table 1: Employment Details

| Date | Type of work | Duration (hrs) | Wages(Rs) |
|------|--------------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table 2: Health Effects

| Date | Did you feel any discomfort after your spraying Y=1, N=2 | If 1, Specify the type * | How long did the symptom last (hrs) | Did you adopt any treatment for that ? Yes-1, No-2 | If yes, system of medicine # | Whether hospitalized or not. If yes, no. of days | Medical Expenses | | | |
|------|---|--------------------------|-------------------------------------|---|------------------------------|--|------------------|-----------|------------|-------------------|
| | | | | | | | Doctor's fee | medicines | Lab. Tests | Hospital expenses |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* 1. Eye irritation, 2. Nausea, 3. Giddiness, 4. Shortness of breath, 5. Fever, 6. Dehydration, 7. Vomiting, 8. Cramps, 9. Itching, 10. Convulsion, 11. Burnt feel, 12. Skin irritation, 13. Diarrhea, 14. Excessive salivation, 15. Blurred vision, 16. Tremor, 17. Others
 # 1. Allopathic, 2. Ayurvedic, 3. Siddha, 4. Unani, 5. Home Remedies

Table 3: Health Cost

| Date | Related traveling expenses | Related dietary expenses | Loss of work days | Substitution by family labor and loss of time in his/her work | Income lost due to this | Approx: crop damage due to lack of supervision specify | Estimated loss | Others if any, specify |
|------|----------------------------|--------------------------|-------------------|---|-------------------------|--|----------------|------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Table 4:

| Health cost, if system of Home Remedies | | | | | |
|--|-------------------------|---------------------|--------------------------------|-------------------|--|
| Material used | Fuel for cooking | Market price | Time spent on preparing | Total cost | Local <i>vaidyan</i>'s fee if any |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FIGURES

Fig 1: Pesticide consumption pattern in India

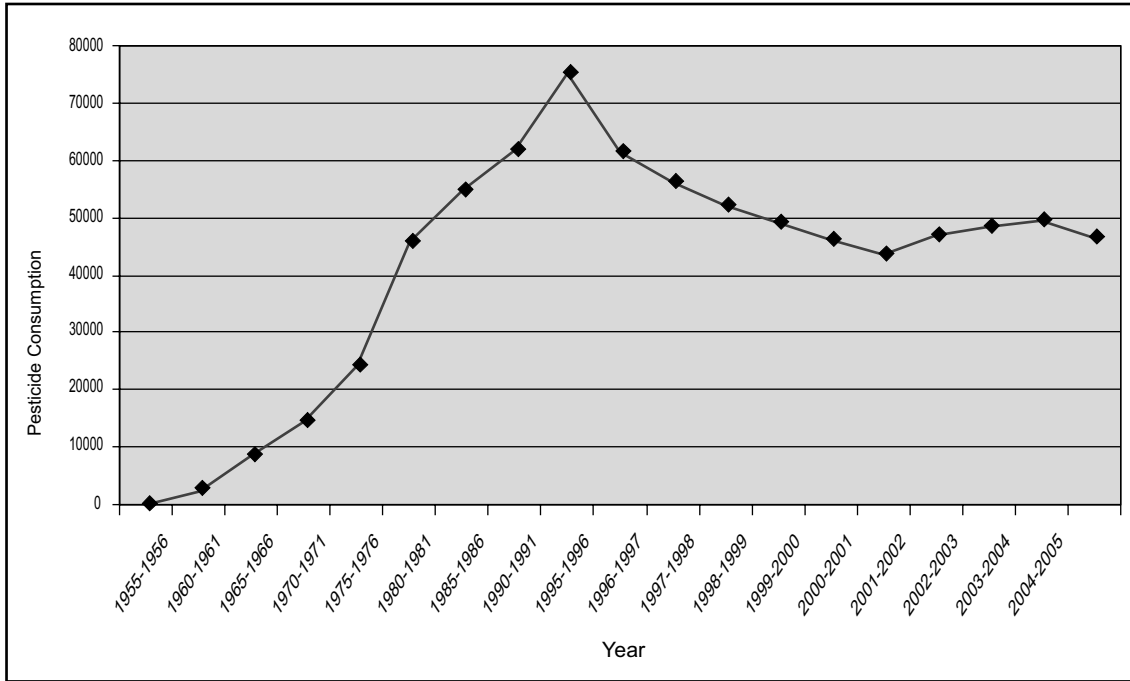


Fig 2: Consumption of Pesticides in Kerala (tonnes)

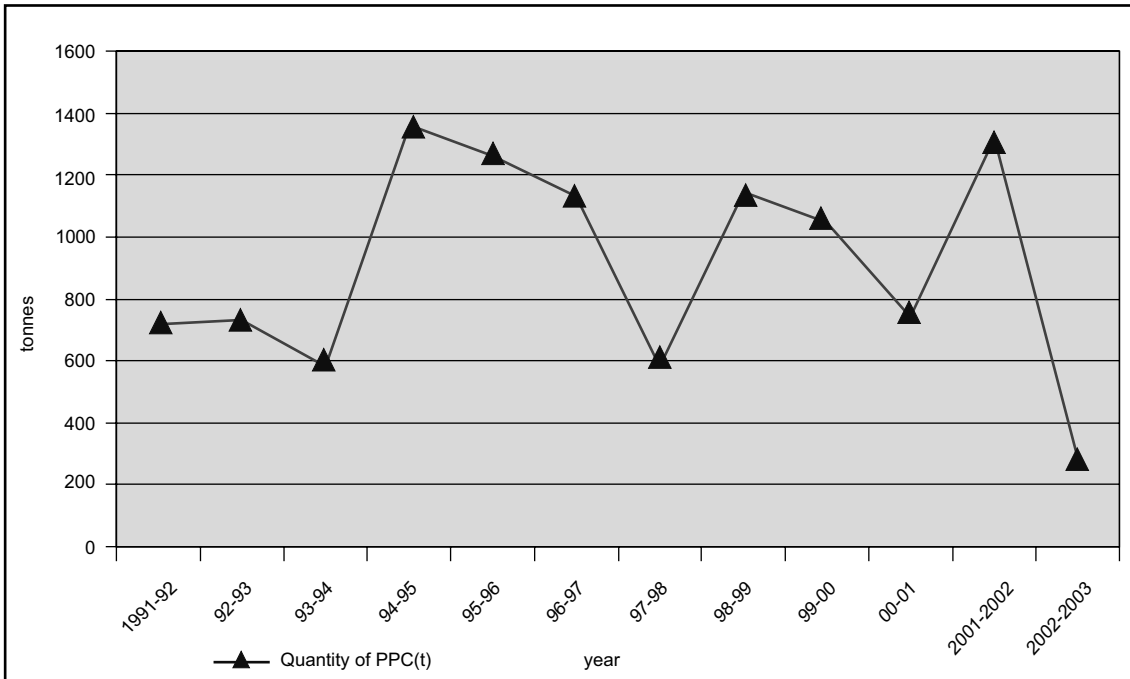


Fig 3: Area covered by Pesticides in Kerala (lakh ha)

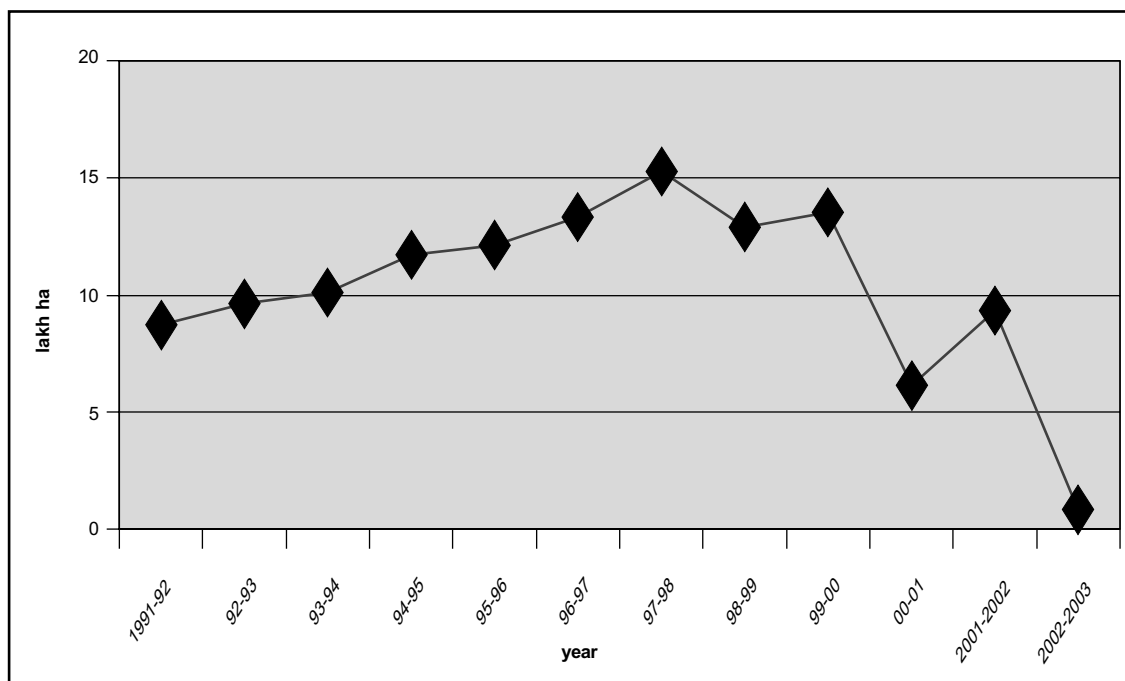
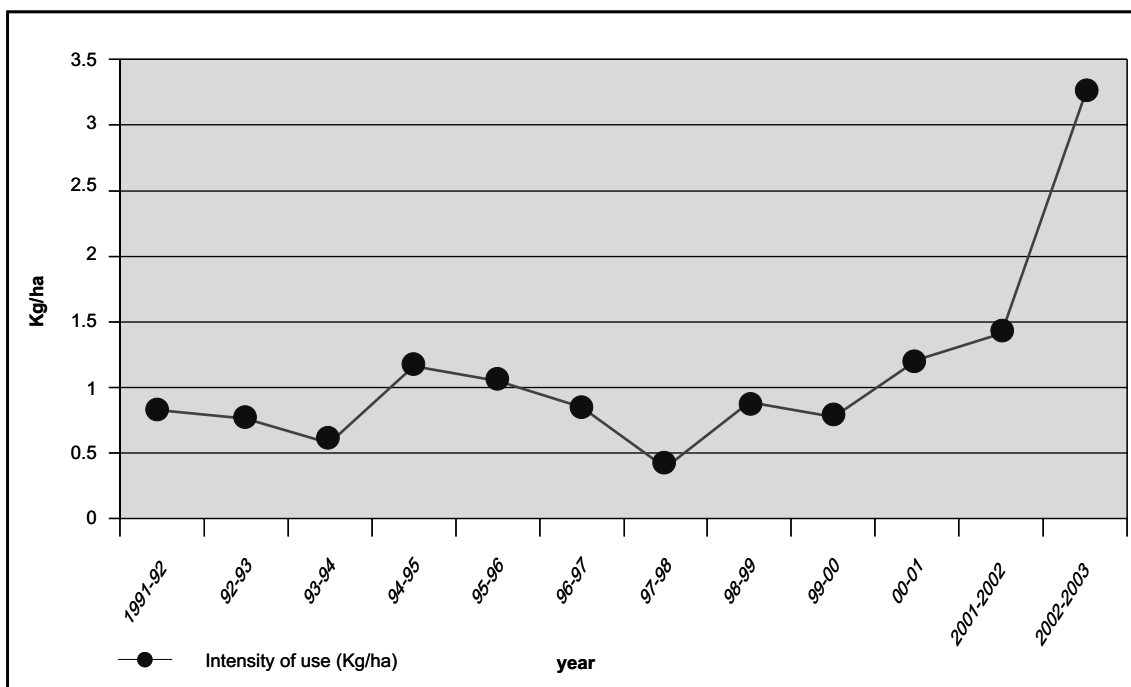


Fig 4: Intensity of use in Kerala (Kg/ha)





This work is licensed under a
Creative Commons
Attribution – NonCommercial - NoDerivs 3.0 License.

To view a copy of the license please see:
<http://creativecommons.org/licenses/by-nc-nd/3.0/>

This is a download from the BLDS Digital Library on OpenDocs
<http://opendocs.ids.ac.uk/opendocs/>