

A STUDY ON OCCUPATIONAL HEALTH HAZARDS OF WORKING WOMEN IN IT SECTOR

**Submitted in partial fulfillment of the requirements for the award of
Master of Business Administration**

by

MONISHA.T

Register No:42410244



SCHOOL OF MANAGEMENT STUDIES

SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited with Grade “A” by NAAC I 12B Status by UGC Approved by AICTE
JEPPIAAR NAGAR, RAJIV GANDHI SALAI, CHENNAI-600119

DECEMBER 2023



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited with Grade “A” by NAAC I 12B Status by UGC Approved by AICTE

JEPPIAAR NAGAR, RAJIV GANDHI SALAI, CHENNAI-600119

www.sathyabama.ac.in

SCHOOL OF MANAGEMENT STUDIES

BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of MONISHA.T (42410244) who have done the project entitled “**A STUDY ON OCCUPATIONAL HEALTH HAZARDS OF WORKING WOMEN IN IT SECTOR**” under my supervision from SEPTEMBER 2023 to DECEMBER 2023

Dr. LAKSHMI

Internal guide

External guide

Dr. BHUVANESWARI G MBA., Ph.D.

Dean-SCHOOL OF MANAGEMENT STUDIES

Submitted for Viva Voce Examination held on _____

Internal Examiner

External Examiner

DECLARATION

I MONISHA.T (42410244) hereby declare that the Project Report entitled “**A STUDY ON OCCUPATIONAL HEALTH HAZARDS OF WORKING WOMEN IN IT SECTOR**” done by me under the guidance of **Dr. Lakshmi**, is submitted in partial fulfillment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

MONISHA.T

ACKNOWLEDGEMENT

I am pleased to acknowledge my sincere thanks to Board of Management of **SATHYABAMA** for their kind encouragement in doing this project and for completing it successfully. I am grateful to them

I convey my sincere thanks to **DR. G. Bhuvaneswari, Dean - School of Management Studies** and **DR. PALANI A, Head - School of Management Studies** for providing me necessary support and details at the right time during the progressive reviews.

I would like to express my sincere and deep sense of gratitude to my Project Guide **Dr.Lakshmi**, for her valuable guidance, suggestions and constant encouragement paved way for the successful completion of my project work.

I wish to express my thanks to all Teaching and Non-teaching staff members of the **School of Management Studies** who were helpful in many ways for the completion of the project.

MONISHA.T

LIST OF CONTENT

CHAPTER NO.	PARTICULARS	PAGE NO.
	ABSTRACT	I
	LIST OF TABLES	II
	LIST OF CHARTS	IV
1	INTRODUCTION	1
2	NEED FOR THE STUDY	17
3	A) REVIEW OF LITERATURE	24
	B) RESEARCH METHODOLOGY	32
4	ANALYSIS AND INTERPRETATION OF DATA	35
5	FINDINGS, SUGGESTIONS AND CONCLUSION	53
ANNEXURE	BIBLIOGRAPHY	55
	QUESTIONNAIRE	55

ABSTRACT

This study is about Women in the IT sector face many occupational health hazards, including:

- Musculoskeletal disorders: These include sprains and strains, carpal tunnel syndrome, and tendonitis.
- Stress: Women are more likely to experience work-related stress and burnout.
- Workplace violence: Women are more likely to experience verbal violence and workplace mobbing.
- Computer-related injuries: These include back and neck pain, headaches, and shoulder and arm pain.
- IT-specific risks: These include slipping, falling, and the risk of fire.

Other occupational health hazards include:

- Hazardous chemicals
- Physical and biological agents
- Reproductive health hazards
- Vibration
- Heat
- Radiation

LIST OF TABLES

TABLE NO.	TITLE	PAGENO.
4.1	TABLE SHOWING AGE WISE CALCULATION OF RESPONDENTS	35
4.2	TABLE SHOWING MARITAL STATUS OF THE RESPONDENTS	36
4.3	TABLE SHOWING QULIFICATION OF REPENDENTS	37
4.4	TABLE SHOWING THE NATURE OF WORK OF THE RESPONDENTS	38
4.5	TABLE SHOWING THE INCOME LEVEL OF THE RESPONDENTS	39
4.6	TABLE SHOWING EXPERIENCE OF RESPONDENTS IN YEARS	40
4.7	TABLE SHOWING TYPE OF THE JOB DONE BY THE RESPONDENTS	41
4.8	TABLE SHOWING WORKING HOURS IN A DAY OF THE RESPONDENTS	42
4.9	TABLE SHOWING SHIFT OF WORK OF THE RESPONDENTS	43
4.10	TABLE SHOWING THE TIME GIVEN FOR TAKING REST FOR THE RESPONDENTS	44
4.11	TABLE SHOWING WORKING ENVIRONMENT OF THE RESPONDENTS	45
4.12	TABLE SHOWING NO OF HOURS IN COMPUTER OF THE RESPONDENTS	46
4.13	TABLE SHOWING THE HEALTH ISSUES FACED BY THE RESPONDENTS	47
4.14	TABLE SHOWING RESPONDENTS HAS YOUR HEALTH EVER SUFFERED AS RESULT OF WORK	48

4.15	TABLE SHOWING DOES THE RESPONDENT EVER BEEN ABSENT FROM WORK DUE TO ILLNESS DURING THE PAST 1 YEARS	49
4.16	TABLE SHOWING THE RESPONDENTS HAVE HAD EVER LEFT (OR) DENIED A JOB FOR HEALTH REASONS	50
4.17	TABLE SHOWING DOES THE ORGANIZATION CONDUCTING ANY HEALTH PROMOTION PROGRAMS	51
4.18	TABEL SHOWING WHAT TYPE OF PROGRAMS DOES YOUR ORGANIZTION FOLLOWS?	52

LIST OF CHARTS

CHARTNO.	TITLE	PAGENO.
4.1	CHART SHOWING AGE WISE CALCULATION OF RESPONDENTS	35
4.2	CHART SHOWING MARITAL STATUS OF THE RESPONDENTS	36
4.3	CHART SHOWING QULIFICATION OF REPONDENTS	37
4.4	CHART SHOWING THE NATURE OF WORK OF THE RESPONDENTS	38
4.5	CHART SHOWING THE INCOME LEVEL OF THE RESPONDENTS	39
4.6	CHART SHOWING EXPERIENCE OF RESPONDENTS IN YEARS	40
4.7	CHART SHOWING TYPE OF THE JOB DONE BY THE RESPONDENTS	41
4.8	CHART SHOWING WORKING HOURS IN A DAY OF THE RESPONDENTS	42
4.9	CHART SHOWING SHIFT OF WORK OF THE RESPONDENTS	43
4.10	CHART SHOWING THE TIME GIVEN FOR TAKING REST FOR THE RESPONDENTS	44
4.11	CHART SHOWING WORKING ENVIRONMENT OF THE RESPONDENTS	45
4.12	CHART SHOWING NO OF HOURS IN COMPUTER OF THE RESPONDENTS	46
4.13	CHART SHOWING THE HEALTH ISSUES FACED BY THE RESPONDENTS	47
4.14	CHART SHOWING RESPONDENTS HAS YOUR HEALTH EVER SUFFERED AS RESULT OF WORK	48

4.15	CHART SHOWING DOES THE RESPONDENT EVER BEEN ABSENT FROM WORK DUE TO ILLNESS DURING THE PAST 1 YEARS	49
4.16	CHART SHOWING THE RESPONDENTS HAVE HAD EVER LEFT (OR) DENIED A JOB FOR HEALTH REASONS	50
4.17	CHART SHOWING DOES THE ORGANIZATION CONDUCTING ANY HEALTH PROMOTION PROGRAMS	51
4.18	CHART SHOWING WHAT TYPE OF PROGRAMS DOES YOUR ORGANIZATION FOLLOWS?	52

CHAPTER – 1

INTRODUCTION

INTRODUCTION

Human Resource Management is an important function of any organization. It encompasses the management of organization from a macro perspective i.e., managing people in the form of a collective relationship between management and employees. Management is basically concerned with the performance of planning, organizing, directing, coordinating, and controlling. Management is also regarded as the art of getting things done through others. It is not possible for any individual to do all the work himself. The work is always shared with others.

DEFINITION

Many scholars defined Human Resource Management in different ways and words they are as follows:



“Human Resource Management effectively describes the process of planning and directing the application, development and utilization of human resource in employment” -**Dale Yoder**

“Man of all resource available to him, can grow and develop” -**Peter. F. Drucker**

“The field of HRM involves planning, organization, directing and controlling functions of procuring, developing, maintaining and utilizing a labor force.” - **M. J. Jucious**

“HRM is the effective use of Human resources and organization through the management of people related activities.” - **Mathis and Jackson**

“Human Resource Management is the set of organizational activities directed at attracting, developing and maintaining an effective workforce.” - **Ricky W. Griffin**

“It is that part of the management function which is concerned with people at work and with their relationship within an enterprise. Its aim is to bring together and develop into an effective organization the men and women who make up an enterprise and having regard to enable to make their best contribution to its success” -The British Institute of Personnel Management

MEANING

HUMAN RESOURCE MANAGEMENT is the practice of recruiting, selecting, training and managing employees. HRM is often referred to simply as Human Resource. A company or organization's HR department is usually responsible for creating, putting into effect and overseeing policies governing workers and the relationship of the organization with its employees.



EVOLUTION OF HUMAN RESOURCE MANAGEMENT

Human resource management is evolved from the personnel management which was erstwhile management system which used to manage employees. To know evaluation of personnel management one need to see the history of centuries of research by great psychologists from the Australia, did many experiments on human behavior at different situations in 1924. He strongly believed in work life balance for improving productivity of workers and did emphasis on human relations influence the productivity of workers and finally he has been regarded as father of human resources management.

MANAGING SLAVES

In most of the ancient civilization, an important source of manpower was Slaves as they can be sold as well as purchased the commodities. The wealthy rulers, landlords, chiefs as well as businessmen purchased commodities from these slaves and control the slaves at a very great extent.

Moreover, they also use them for other tough works such as carrying loads, construction in buildings and rowing ships and boats and so on. In return, they gave them shelter and food. In this way, they were keeping an eye over the slaves and manage them.

HANDLING SERFS

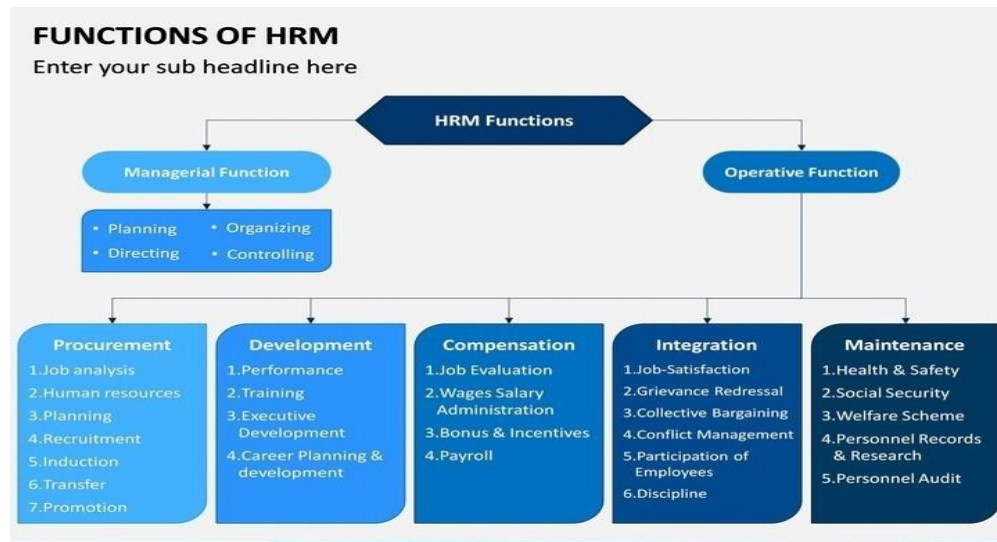
In feudal societies, the serfdom was widely prevalent and in the pre and early medieval period. Serfs were doing the agricultural work of their landlord and associated activities. A piece of land gave by the landlords so that they can earn their bread and butter. The lords were handling serfs on the basis of the principle of authoritarianism and there was a reliable relationship between the feudal lords and serfs.

MANAGING INDENTURED LABOR

With the emergence of mercantilism and advancements in the industrial sector, there was the presence of the indentured labour system. Due to an increase in the demand for goods and various commodities, the demand for labour increases and the same was fulfilled by people who are migrating from remote areas to industrial towns. The management of labour is different from that of serfs as well as slaves. This indentured labour was abode by the terms and conditions to work for an employer and not with anyone else.

FUNCTION OF HUMAN RESOURCE MANAGEMENT

Human Resource Management [HRM] is a systematic approach to fill in the gap between the organization and the employees. To simplify the task of managing the human capital of the organization, various functions of [HRM] have been developed. These functions are categorized broadly as;



I) MANAGERIAL FUNCTION

A) PLANNING:

Planning is deciding in advance what should be done. It helps to work in a systematic manner and eliminates the need for working at a random. Planning involves the determination of objective, policies, procedures, rules, strategies and budgets. In the context of human resource management planning is necessary to determine the manpower needs of the enterprise. Human resource is also vital for formulating suitable personnel policies and programs.

B) ORGANISING:

Organizing involves the performance of the following tasks.

- Division of work among employees (assignment of duties).
- Delegation of authority (transfer of official rights by a superior to his subordinate).
- Creation of accountability (the subordinates, to whom work has been assigned and authority has been delegated, is made answerable for the progress of work).

C) DIRECTING:

Directing the human resource does not mean the process of issuing mere orders, and instructions to the subordinate staff. It is, in fact, the process of supervising, guiding and motivating the employees in order to get the best out of them. By

performing the directing function, the human resource manager will also be able to get the whole hearted support and co-operation of all his subordinate staff. This helps in the effective attainment of the enterprise objective.

D) CONTROLLING:

If planning is looking ahead, controlling is looking back. The object of the control function is to ensure that what has been successfully achieved. Planning without control is useless and control without planning is meaningless.

The process of controlling involves the following stages:

- Establishing actual performance.
- Measuring actual performance.
- Comparing actual performance with standards.
- Measuring deviations.
- Taking corrective actions.

II) OPERATIVE FUNCTION

The operative functions are those tasks or duties which are specifically entrusted to the human resource or personnel department. These are concerned with employment, development, compensation, integration and maintenance of personnel of the organization.

A) PROCUREMENT:

Procurement function of human resource is concerned with the following.

- Job analysis.
- Human resource planning.
- Recruitment.
- Selection.
- Placement.
- Transfer.
- Promotion.

B) DEVELOPMENT:

Development function of human resource is concerned with the following.

- Performance appraisal.
- Training.
- Executive development.
- Career planning and development
- Organizational development

C) COMPENSATION:

It deals with the following.

- Job valuation
- Wage and salary administration
- Incentive
- Bonus
- Social security scheme

D) INTEGRATION:

It is concerned with the performance of all those activities the aim of which is to bring about reconciliation between individual interest and that of the organization.

These include:

- Motivating employees to work better.
- Boosting the morale of staff.
- Meaning conflicts.
- Redressing grievances.
- Providing counselling to get rid of stress.
- Improving quality of work life of employees.

HUMAN RESOURCE MANAGEMENT



A) RECRUITMENT:

Recruitment is the first process of Human Resources Management. It refers to the overall process of attracting, shortlisting, selection, and appointing of suitable candidates for job within an organization.

- **INTERNAL RECRUITMENT:** Is when the business looks to fill the vacancy from within its existing workforce.
- **EXTERNAL RECRUITMENT:** Is the assessment of available pool of job candidates, other than existing staff, to see if there are any sufficiently skilled or qualified to fill and perform existing job vacancies in an organization.

B) SELECTION:

The process of selecting the right candidates with necessary qualification and skills set to fill the vacancies in an organization.

C) TRAINING:

Training or developing in oneself or other, any skills and knowledge fitness relate to specific competencies.

- **ON THE JOB TRAINING:** It helps to develop the career of the individual and the prosperous growth of the organization. On the job training is a form of training provided at workplace.
- **OFF THE JOB TRAINING:** It is the training method where in the employees learn their job roles away from the actual work floor

HUMAN RESOURCES AND ITS PECIULAR CHARACTERISTICS:

For the successful functioning of any business organization, finance, machines, materials and manpower resources are essential. Of these various resources, the manpower or the human resource occupies a very important place in view of its distinctive characteristics. The term 'human resource', with reference to an organization, refers to its employees. The peculiar characteristics of human resource are given below:

1. While all other resources merely exist, human resource alone lives. Machines, materials and money are inanimate.
2. It is only the human resource that has created the other resources and not vice versa.
3. Commitment, devotion, enthusiasm, energy, interest, intelligence, etc., of a person determine his performance. A manager can only hire the labour of an employee but not these qualities.
4. Human resource alone can be creative. Every individual is blessed with certain creative skills that help him to bring out something unique.
5. Human resource alone can think and act. Man is capable of analysing the situation before arriving at a conclusion.
6. Human resource alone can be emotional. A person, by his actions and reactions, is able to express his happiness or unhappiness.
7. Human resource alone can be motivated to work better. An employee, for example, may be offered a reward, for reaching a certain target, which induces or instigates him to put in more efforts.
8. The behaviour of the human resource is also highly unpredictable. There exists no method by which a person can read the mind of another.
9. While all other resources depreciate in value with the passage of time, the value of human resource alone appreciates. A person with greater work experience has more value to an organization. The very fact that most establishments prefer experienced hands proves this point.

In view of these unique characteristics, management of human resource is always a challenging task

ASSESSING PERFORMANCE:

It is also known as alternative or authentic assessment, is a form of testing that requires students to perform a task rather than select an answer for a readymade list.

MOTIVATION:

Is the experience of desire or a version? You want something or, want to avoid or escape something. As such, motivation has both objective sides, a goal or thing you aspire to and an internal or subjective aspect it is that you that wants the thing (or wants it to go away).

CONCEPTUAL EXPLANATION OF HUMAN RESOURCE MANAGEMENT

A) THE HUMANITARIAN CONCEPT:

To improve productivity, physical, social, and psychological needs of worker must be met. As Mayo and others stated, money is less a factor determining output, than group standards, group incentives and security. The organization is a social system that has both economic and social dimensions.

B) THE HUMAN RESOURCE CONCEPT:

Employees are the most valuable assets of an organization, there should be a conscious effort to realize organizational goals by satisfying needs and aspirations of employees

C) THE EMERGING CONCEPT:

Employees should be accepted as partners in the progress of a company. They should have a feeling that the organization is their own. To this end, managers must offer better quality of working life and offer opportunities to people to exploit their potential fully. The focus should be on Human Resource Development

D) THE PATERNALISTIC CONCEPT/ PATERNLISM:

Management must assume a fatherly and protective attitude towards employees. Paternalism does not mean merely providing benefits but it means satisfying various needs of the employees as parents meet the requirements of the children.

IMPORTANCE OF HUMAN RESOURCE MANAGEMENT



A) IT HELPS THE OGGANISATION TO IDENTIFY CORRECTLY ITS MANPOWER NEEDS:

The manpower needs of an organization will have to be correctly determined. As amount spent on Human Resource is deemed an investment, it is necessary to determine the number of men required for doing the various jobs in the enterprise accurately so that investment in human resource will be at the optimum level

B) IT FACTITATES THE SELECTION OF THE RIGHT MAN FOR THE RIGHT JOB:

HRM ensures the selection of the right man for the right job. It recognizes the fact that if a candidate is overqualified for the job, he will not have a positive attitude towards work and on other hand, if he is underqualified, he cannot carry out the task assigned.

C) IT RECOGNISES THE NEED FOR THE APPRAISAL OF THE EMPLOYEE'S PERFORMANCE:

Performance appraisal is an integral part of Human Resource Management unless the performance of the employees is periodically reviewed, it will not be possible for the employer to know their level of employees.

D) IT EMPHASISES THE NEED FOR GOOD HUMAN RELATION IN EVERY WORK PLACE:

HRM places emphasis on cordial human relation. Conflicts are unavoidable in a workplace. But such conflicts shall not be allowed to damage inter-personal relationship.

E) IT PROVIDES SCOPE FOR COLLECTIVE BARGAINING:

The employer shall encourage the employees to form a union in the workplace. This will give the employees to form a union in the workplace. This will give the employees the benefits of collective bargaining. In the absence of such a union, if any individual has certain grievances, he may find it difficult to represent the same to the management in his personal capacity.

THE ROLE OF HUMAN RESOURCE MANAGER:

Apart from performing the various managerial and operative functions mentioned earlier, a human resource manager is expected to perform the following roles:

TO PROVIDE COUNSELLING:

In the workplace, the employees may undergo stress. The stress may be related to both official and personal problems. In such a situation, the employees may approach the HR manager for help and remedy and the latter is expected to provide the necessary counselling to enable the employees to get rid of their stress.

TO ACT AS A LINK BETWEEN THE DIFFERENT INDIVIDUALS IN THE ORGANISATION:

The inter-personal relationships in the workplace must always be conducive for work. Difference of opinion is bound to arise on several organisational matters. The HR manager has to make efforts to settle any dispute that may arise between the individuals.

TO ENSURE THAT THE EMPLOYEES GET WHAT IS DUE TO THEM:

The HR manager has the duty to ensure that the employees are not deprived of any benefit, monetary or non-monetary, that they are entitled to get from the management.

TO ACT AS A SPOKESMAN OF THE ORGANISATION:

Of the various executives in the organisation, it is the HR manager who has better knowledge of the activities of the enterprise and is therefore the right person to answer queries.

TO INTRODUCE ANY CHANGE WITHOUT FACING RESISTANCE FROM ANY SIDE:

Changes are inevitable for an organisation to progress. Changes may be affected in the work methods, working hours, working conditions and so on. The employees may resist certain changes preferred by the management while the management may not accept certain changes desired by the employees. In either case, it is the HR manager who is the right person to convince everyone and introduce any change without the problem of resistance.

TO ADVISE THE LINE MANAGERS:

The HR manager, who is a staff manager, advises the line managers, e.g., the production manager and the marketing manager, on certain matters pertaining to recruitment, selection, training, appraisal of performance and so on. The relationship between the line managers and the HR manager shall always be cordial.

QUALITIES OF HUMAN RESOURCES MANAGER:

To be successful in his job, the human resource manager shall hold an MBA (with specialization in Human Resource Management or Personnel Management) obtained from one of the Indian Institutes of Management (IIMs) or its equivalent. Knowledge of organization theory, behavioural science and labour laws is absolutely necessary for such a person.

Apart from the academic qualifications mentioned above, the human resource manager is expected to have certain other qualities to be successful in his work.

A person who has done his MBA from the IIM would certainly possess these qualities. These are:

- He should possess good communication skills. He should be fluent in English, Hindi and a couple of Indian languages. Only then, he will be able to convey his ideas emphatically.
- He should be a creative persona I only then he will be able to conceive novel ideas to solve complex HR management problems.
- He should be able to analyses any problem objectively. Only then he will be able to arrive at a practical solution.
- He should be able to inspire, induce and motivate the employees to put in their best efforts. For this, the HR manager must be a motivated person himself.
- He should have leadership qualities without which he will not be able to lead a team of subordinate staff and guide them properly.
- He should not be an irritable person. He should be friendly and approachable.
- He should be fair and honest in his dealings. Only then the subordinate staff will repose faith in him.
- He should have the ability to make decisions independently.
- He should be curious always. Only then he will be able to be a dynamic person.
- He should have good memory to be able to recollect anything. He should not give scope for others to prompt him to act.

OCCUPATIONAL HEALTH HAZARDS AMONG WORKING WOMEN

Occupational safety and health (OSH) also commonly referred to as occupational health and safety (OHS) or workplace health and safety (WHS) is an area concerned with the safety, health and welfare of people engaged in work or employment. The goals of occupational safety and health programs include fostering a safe and health work environment. OSH also protect coworkers, family members, employers, customer, and many others who might be affected by the workplace.

As defined by the World Health Organization (WHO). Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. “Health” has been defined as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Occupational health is a multidisciplinary field of healthcare concerned with enabling an individual to undertake their occupation, in the way that causes least harm to their health. Health has been defined as it contrasts, for example, with the promotion of health and safety at work, which is concerned with preventing harm from any incidental hazards, arising in the workplace.

“occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job.”

In 1973, WHO gives importance to Occupational Health programs for the following reasons:

To identify and bring under control at the workplace all chemical, physical, mechanical, biological and psychological agents that are known to be or suspected to be hazardous.

To ensure that physical and mental demands imposed on people at work by their respective jobs are properly matched with their individual technical, physiological and psychological capabilities, needs and limitations.

The proportion of employed women in the past few decades has increased phenomenally. These women are, therefore, exposed to different types of work-related hazards. The working conditions of women in India are currently similar to those found in early 19th century in industrialized countries. Large numbers of

women entered the job market during industrial revolution, and were exploited as a source of cheap labor and the working condition were riddled with grave occupational hazards.

Repost about exposure of female subject to silica, beryllium, benzene, vinyl chloride serves as past examples of indifference to women at the work place. The lack of regulation for waste anesthetic gases and antineoplastic drugs to protect healthcare workers indicates that the indifference continues even today.

There is a growing realization that the occupational health problems of women workers merit special attention for several interrelated reasons. The physiological, psychological and health care needs of women are proportionately greater, as they are burdened with multiple responsibility like:

- Bulk of house work
- Care of young, aged and sick
- Responsibilities of home
- The work at the place of employment

WOMEN AND WORK



It is a fact that all women work. They perform dual roles of production and reproduction. Their work goes unrecognized because they do a variety of jobs daily which does not fit into any specific 'occupation'. Most of them are involved in arduous household work. Although women work for longer hours and contribute substantially to family income, they are not perceived as workers by either the women themselves or data collecting agencies and the government. To understand the issue of occupational health problems of women, it is necessary to make a detailed study of the women's work in terms of the actual activity undertaken, the hours of work and the extent of remuneration received.

The so-called housewife is already doing a single shift. If a woman also works outside home, she is consistently working a double shift. When children or family members are ill, she does these shifts day after day. On an average, women work much longer hours than men. According to International Labour Organization (ILO), 2/3rd of the working hours around the world are worked by women because of the combination of various roles in the workplace, in the family and in the society. Most often, the women's work remains invisible but it contributes a major portion to the world economy.

BURDEN OF OCCUPATIONAL HEALTH HAZARDS AMONG WOMEN

Despite many studies regarding occupational health hazards of women in India the exact magnitude of occupation related diseases among women is not known. The below table shows probable magnitude of different occupational health hazards of working women.

SOCIAL SUPPORT AND OCCUPATIONAL HEALTH OF WORKING WOMEN

Major social, biological and chemical hazards are likely to be encountered in traditional female employment. Empirical studies have indicated that global stress perceived by women at the workplace includes psychological and physical work demand, job control, anticipation of job loss, assessment of work associates, fear of abuse, family functions and stressful life events. It is difficult for working women to manage and balance their responsibilities. Social support at the family level is fading away due to increasing nuclear family norms, and at the organizational level due to automation systems. Most women muddle through, worrying and fighting with their problems in isolation. This leads to psychological and emotional stress, thereby increasing psychosomatic complaints. Support from the organization, family and friends has increasingly been recognized as useful in reducing stress, protecting health and enhancing quality of life.

CHAPTER – 2

NEED FOR THE STUDY

NEED FOR THE STUDY

Work provides many economic and other benefits, though it is, a wide array of workplace hazards also present risks to the health and safety of people at work. These include but are not limited to, " physical factors, adverse ergonomic conditions, allergens, a complex network of safety risks," and a broad range of psychosocial risk factors. Personal protective equipment can help protect against many of these hazards.

Physical hazards affect many people in the workplace. Occupational hearing loss is the most common work-related injury in the United States, with 22 million workers exposed to hazardous noise levels at work and an estimated \$2421 million spent annually on worker's compensation for hearing loss disability Falls are also a common cause of occupational injuries and fatalities, especially in construction, extraction, transportation, healthcare, and building cleaning and maintenance. Machines have moving parts, sharp edges, hot surfaces and other hazards with the potential to crush, burn, cut, shear, stab or otherwise strike or wound workers if used unsafely.

Psychosocial hazards include risks to the mental and emotional well-being of workers, such as feelings of job insecurity, long work hours, and poor work-life balance. Using moderate quality evidence - related that the addition of work-directed interventions for depressed workers receiving clinical interventions reduces the number of lost work days as compared to clinical interventions alone. This review also demonstrated that the addition of cognitive behavioural therapy to primary or occupational care and the addition of a "structured telephone outreach and care management program" to usual care are both effective at reducing sick leave days.

NEEDS FOR PROMOTION OF OCCUPATIONAL HEALTH OF WOMEN WORKERS

World Health Organisation (WHO) has identified three basic principles for the development of an occupational health service.

- It must be ensured that occupational health services are provided through the existing national health services by a process of integration.
- The service must provide for the total health of the workers and if necessary, their families. The primary health care approach must be the chosen system for the delivery of such services.
- The occupational health problems of working women, especially those in the unorganized sector are a matter of urgent concern.
- There is also a definite need to develop a database on occupational health of women in developing countries.
- For primary health care approach to delivery of occupational health, it is essential to create awareness among the health personnel, NGO's and Women's organizations.
- It is very important to understand that chronic occupational diseases are only preventable but rarely curable. Even though, in developing countries, health priorities focus more on infectious diseases, improving the health of workers (especially women) will contribute tremendously to national growth and economy.

PATTERN OF EMPLOYMENT FOR WOMEN

The pattern of employment of women is very different among different countries: In developed countries, most of the women are employed in white collar jobs or as semiskilled led operatives in manufacturing industries. In USA in 1975, there were 37 million women workers (46.3% of all women) and in 1995 this figure is around 60%. In India on the other hand, according to 1981 census, workforce participation by females was barely 15% (main workers) as against 51.6% amongst males. According to the 1991 census, the participation of female workers has increased to 16.03 % (main workers) In addition, 6.24% of females have been shown as marginal workers and the remaining women (305. 2 million) are shown as a non-working population (Indian Labour Statistics, 1994, Labour Bureau, Ministry of

Labour, Shimla (1996). The 1991 census also shows that of these 16.03% main women workers, 80.8% are employed in agriculture, 3.5 % in house hold industries, 4% in other in dustier, 0.3% in mining and quarrying, 0.6 % as construction workers and only 10.8% in other services.

SPECIAL PROBLEMS AFFECTING OCCUPATIONAL HEALTH OF WOMEN IN DEVELOPING COUNTRIES

Even in countries like Sweden, which is looked upon as a role model in nearly all aspects of the well- being of mankind, Monica Boethius, who heads the Swedish Work Environment Fund's equality programme, writes: "Despite decades of campaigning for equality, women still earn less than men, have less chance of promotion, often given work not up to their qualifications and are more exposed to health hazards than men."

OCCUPATIONAL HEALTH PROBLEMS OF WOMEN AS SEEN FROM A GENDER PERSPECTIVE

Basically, hazards posed by physical, chemical and biological agents in work place are similar for male and female workers but the following factors have to be remembered for women workers.

Women on an average have a smaller stature and have less physical strength; their vital capacity is 11% less; their haemoglobin is app. 20% less; their skin area is larger as compared to circulating volume; they have larger body fat content. They have lower heat tolerance and greater cold tolerance.

Woman's unique reproductive function exposes her unborn child to workplace hazards. Women shoulder additional burden of house hold work, care of children and social responsibilities.

Quick Facts About Women in The Workforce:

- Women currently comprise 46% of the 137 million workers in the United States, with their share of the labor force projected to reach 48% by 2008.

- In 1999, 75% (46 million) of employed women worked full-time, while 25% (16 million) worked part-time.
- In 1999, 3.7 million women held multiple jobs.
- Sixty percent of women age 16 and over were either employed or looking for work in 1999.
- Of employed women, 40% held technical, sales, and administrative support positions; 32% worked in managerial and professional specialties; and 17% worked in service occupations in 1999.

Women In Non-Traditional Employment:

Women in non-traditional employment may face health and safety risks due to the equipment and clothing provided to them at their workplace. Personal protective equipment (PPE) and clothing (PPC) are often designed for average-sized men. The protective function of PPE/PPC (such as respirators, work gloves, and work boots) may be reduced when they do not fit female workers properly.

Women who work in non-traditional employment settings may also face specific types of stressors. For instance, they may be exposed to sexual harassment and gender-based discrimination.

Safety and Health Issues Facing Women at Work

Reproductive Issues

In the workforce, 75% of women are of reproductive age. Over half the children born in the United States are born to working mothers. When a woman is pregnant, her exposures at work can affect her developing baby. Low levels of exposure to chemicals and other substances that may not be harmful to the mother could be harmful for her baby. NIOSH has conducted many studies among nurses, cosmetologists, agriculture workers, flight attendants and others to learn whether reproductive health hazards may be related to a women's work environment. For more information see the NIOSH topic page [Reproductive Health and the Workplace](#) and [The Effects of Workplace Hazards on Female Reproductive Health](#)

Ergonomics

Women generally have more work-related cases of musculoskeletal disorders (illnesses or injuries of the muscles, nerves, tendons, joints, cartilage, arms, legs, neck, or lower back) than men. More research is needed to understand why but the higher rate of these disorders among women could be related to job differences or physical differences between men and women.

Stress/Work Organization

Levels of stress-related illness are nearly twice as high for women compared to men. Job stress has been linked with heart disease, muscle/bone disorders, depression, and burnout. NIOSH is working to find causes of workplace stress and possible ways to prevent it. Balancing work and family tasks can put additional stress on women, who in many families still take primary responsibility for childcare and eldercare. In 2011, over 70 percent of mothers with children under 18 years of age were in the labor force. When family and work demands collide, the resulting stress can lead to the physical and mental health problems described above.

Cancer

In the U.S. 232,340 new cases of breast cancer in women^[iii] and 12,340 new cases of cervical cancer^[iv] are estimated to be diagnosed in 2013. Workplace exposures to hazardous substances may play a role in the development of these types of cancer. NIOSH is studying several hazardous substances to determine whether there is a link to cancers that affect women.

Violence

Compared to men, women have a much lower rate of job-related deaths. Still, in 2011, homicides accounted for 26% of work-related deaths in women – it is the second leading cause of injury death for women in the workplace. While over one third of workplace homicides among men are robbery- related; among women, nearly 2 out of 5 workplace homicides were perpetrated by a relative-with almost all being a current or former spouse/domestic partner.

Personal Protective Equipment

Women may face health and safety risks because personal protective equipment and clothing are often designed for average-sized men. The protective function of respirators, work gloves, work boots, and other protective equipment may be reduced when they do not fit properly.

Industry-specific Information

Women are present in all aspects of working America. The following industries employ large numbers of women and/or represent industries where NIOSH has conducted research specific to women. Click on the industry below to read more about the hazards facing women in these industries.

Agriculture

In 2011, an estimated 556,000 women were working in agriculture, forestry, and fishing[v]. In agriculture, women can be exposed to pesticides and chemicals and may be at risk for traumatic injury, musculoskeletal disorders and respiratory disease.

Construction

In 2011, 828,000 women were working in construction. NIOSH and its partners have conducted many studies to improve construction safety and health problems. Women working in construction may be concerned with musculoskeletal disorders, loud noise and hearing loss, fumes, and job stress.

Health Care

In 2011, over 14.8 million women were working in health care and social assistance. Women working in health care may be worried about illnesses and injuries caused by long hours, shift changes, physical tasks, violence, and possible exposure to infectious and bloodborne diseases and hazardous chemicals.

Manufacturing

Food, clothes, chemicals, furniture, oil and coal are just a few products processed by manufacturing workers. In 2011, over 4 million women were working in manufacturing. With the wide range of products processed, women working in

manufacturing may be at risk for exposure to hazardous chemicals, physical demands, loud equipment, and long work hours.

Sales

In 2011, an estimated 7.6 million women were working in sales. These women may be concerned about work stress, workplace violence, musculoskeletal disorders, and long hours.

Transportation

In 2011, 1.6 million women were working in transportation, warehousing, and utilities, combined. Women working in transportation may be concerned about transportation accidents, injuries from falls, and respiratory illnesses.

CHAPTER – 3

A) REVIEW OF LITERATURE

REVIEW OF LITERATURE:

Sharma and Dhawan, “Health Problems of Rural Women” in ‘Health and Population: Perspectives and Issues’ (1986).

The study was conducted in two villages of Hisar district (Haryana) to determine the nature and extent of health problems of rural women. The data were collected from one hundred randomly selected rural ladies by interviewing them with the help of an interview schedule developed for the purpose. The identified health problems were classified. The findings of the study indicated the prevalence of a number of health problems among rural women and a need was felt for their education on health aspects.

Padmini Swaminathan, “Work and Reproductive Health” (1997).

The observed statistical correlation between increase in women's outside employment and decrease in birth rates has catapulted the demand for increasing women's wage employment as a primary goal, not necessarily on its own merits, but as part of the demographic drive to reduce fertility. At what costs to women's welfare do such demographic outcomes occur? The existing structural nature of women's work (domestic as well as non-domestic) has severe built-in hazards for women's health (reproductive and otherwise) which no amount of first-rate quality of care and/or access to health services alone can deal with. Focusing on Tamil Nadu, the author argues in addition that a demographic model state need not necessarily be a reproductively safe place.

Janzen, “Women, Gender and Health” (1998).

Presents abroad overview and synthesis of the recent research literature on the major psychosocial influences on women's health. Part 1 reviews the variability of health among women, with a particular emphasis on diversities in health according to women's major social roles of partner, parent and worker. The context, within which social roles are carried out, particularly the socioeconomic context, is identified as a critical factor. While research examining

women's health within the context of both social roles and material circumstances have produced complex findings, the research reviewed in this study clearly suggests that to appropriately document and understand the variability of health among women, attention to the particular circumstances of women's lives is required. This point is further highlighted in sections describing the health issues of older women, Aboriginal women, and immigrant and refugee women. Part 2 begins with a review of the research on differences between men and women on various indicators of health and ill-health.

Frequently mentioned throughout the literature is the apparent paradox in women's and men's health: men's higher rate of mortality and women's higher rate of morbidity. Recent evidence demonstrating the complexity and variability of gender differences in health is reviewed, suggesting that broad generalizations about health-related gender differences are inappropriate.

Pretty Singh and Anu Pande, "Women in Call Centres" in 'Economic & Political Weekly' (2005).

This study looks at aspects of employment of women in call centres in India, based on survey of 100 women employees. It examines the recent phenomenon of women working in night shifts, as well as the impact of call centre employment on women's health, family life and decision-making powers. The study finds a direct and adverse effect of night shift employment on the health of women. But there is also a greater acceptance of such 'non-traditional' jobs by families across a larger segment of society.

Taylor, et al, "Women's Health Care Utilization and Expenditures" (2005).

In their study the researchers examine women's use of and expenditures for medical care in the United States. In 2000, 91% of women aged 18 years and older used any health care services. Overall, 82% of adult women reported an ambulatory care visit, while 11% had an inpatient hospital stay. Mean expense per person with expense was \$3219 for that year. The authors examined use and expenditures by socio-demographic characteristics. The most notable findings indicate that women with private insurance, and those on Medicaid, are more likely to use health services than uninsured women. White women, compared to Black and

Hispanic women, are more likely to have an ambulatory care visit, buy prescription drugs, and use preventive health care services. In addition, white and Hispanic women pay a higher proportion of medical care expenses out of pocket than do Black women. Finally, nearly 30% of older women in fair or poor health spent 10% or more of their income out-of-pocket on medical care. In order to reduce disparities and improve the quality of health care for all women, it is important for policymakers to understand the factors that influence their utilization and expenditures for medical care.

Sengupta and Jena, The Current Trade Paradigm and Women's Health Concerns in India published a working paper: “With Special Reference to the Proposed EU-India Free Trade Agreement” (2009).

India is currently negotiating a Free Trade Agreement with the European Union, which includes not only liberalization of commodity trading, but also a wide range of chapters including deep services trade liberalization, full investment liberalization, and stricter IPR conditions than the TRIPS norms. As trade is an engine of growth and development, India's trade policy has many goals to meet. India shows high poverty level, increasing income and social inequalities as well as deep seated gender inequalities. Health is an area of special concern in the context of gender inequalities. Arguably, where there is a constraint on health care access, whether due to education, income or location, women experience a greater constraint compared to men. Since the EU India FTA covers many areas which are known to have serious implications for health, this needs detailed analysis. Liberalization of health services coupled with investment liberalization, TRIPS plus provisions in their chapter are some concern areas and can affect the access to medicines and treatment, as well as to food. In addition, the way deep trade liberalization uses women's labour and imposes adverse working conditions on them is another aspect which must be taken into account

Ajith Kumar and Radha Devi, Health of Women in Kerala: Current Status and Emerging Issues” (2010).

Examines the health status of females in the state of Kerala, India. The state is ranked at the top in terms of human development index, social development index and gender development index among the states in India. The state is often

described as land of ‘good health at low cost’ and is reported to have the lowest rural-urban inequalities in public health status. The paper attempts to travel along the life of Kerala women picking up elements that are relevant to a health study. For comparison, the national scenario is presented. Wherever possible, comparison is made with men. The indicators considered in this paper can be broadly categorised as those reflecting the general health status, child health, reproductive health and health of the elderly. Some environment related variables have also been analysed. The paper also tries to identify data gaps and made use of narratives/anecdotal evidences to highlight problems. The paper finds that females in Kerala compare favourably against India in all conventional health indicators and that the problems related to women’s health in Kerala are different from those addressed at the national level. Therefore, priorities, approaches and strategies set at the national level may not be appropriate for Kerala. The paper also calls for an in-depth examination of the health policies of the state to understand whether the state has been responding with gender sensitivity to the varying health care needs of women beyond and before the reproductive age. The state needs to work out strategies specific to particular groups of people who are vulnerable in terms of health and issues such as problems of old age of women and widows, over medicalization, increasing cost of healthcare and occupational health of women. Therefore, priorities, approaches and strategies set at the national level may not be appropriate for Kerala.

Ashok Kumar and Khan, “Health status of women in India (2010) published a paper: Evidences from National Family Health Survey-3 and future outlook” in ‘Research and Practice in Social Sciences’.

India, in the millennium set goals to minimize women health problems after the ICPD (International Conference on Population and Development, 1994, Cairo). As far as women health is concerned, mainly in the developing countries, including India, the situation is very depressing. Women has disproportionately paid the price of fertility regulation? But have they benefited in terms of better health? In this paper, five key factors have been identified in the principal focus of this study: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Analysis shows that the wide variation in cultures, religions, and levels of development among Indian states and union

territories, it is not unusual and startling that women's health also varies immensely from state to state. The study suggests that many of the health problems of Indian women are related to or exacerbated by high levels of fertility.

Gaeta Kumara, et al, "Studies on Health Problems of Software People: A Case Study of Faculty of GCE and GIMT Gurgaon, India" published in 'International Journal of Innovation, Management and Technology' (2010).

The various health problems of the employees working in GCE and GIMT Gurgaon has been studied on the basis of answers received from the employees for the given questionnaire. Very few employees frequently use laptop at home. Also, most of employees use desktop/ workstation as alternative to laptop. Almost all employees use desktop at their workplace, it can be concluded seeing the responses that still today there is a need for wide advertisement in media about various problems generated from working on computers and the companies must do something for the better health of their employees.

Papadopoulos, et al, "Occupational and public health and safety in a changing work environment: An integrated approach for risk assessment and prevention" in 'Safety Science' (2010).

During recent years the work environment has undergone significant changes regarding working time, years of employment, work organization, type of employment contracts and working conditions. In this paper, consequences of these changes on occupational and public health and safety are examined. These include the disruption of human biological rhythms, the increase of workers fatigues due to changes in patterns of working hours and years of employment, job insecurity and occupational stress, which have a serious impact on workers' health and may result in an increase in occupational accidents. Unsafe work practices related to workload and time pressure, the impact of work changes on public safety and the deterioration of workers 'living conditions with respect to income, social-family life, health and insurance benefits, are also described. In this context, difficulties that occur due to the changing work environment in conducting effective occupational risk assessments and implementing OSH measures are discussed (for example, frequent changes between tasks and workplaces, underreporting of occupational accidents and diseases, lack of methodological tools, etc.).

Sadhu and Saha “A trend in women’s health in India – what has been achieved and what can be done” published in ‘Rural and Remote Health’, (2010).

Remarked that the health of Indian women is intrinsically linked to their status in society. Research into Indian women’s status has found that their family contributions are often overlooked and they are likely to be regarded as an economic burden, especially in rural areas. This attitude has a negative impact on their health status. Poor health has repercussions not only for women, but also for their children and other family members. This commentary focuses on the trend in five key women’s issues in India: maternal and child health; violence against women; nutritional status; unequal treatment of girls and boys; and care quality. The discussion is based on data extracted from Indian National Family Health Surveys (NFHS-1, NFHS-2 NFHS-3) spanning the period 1993-2006, and data from the Indian Sample Registration System and National Crime Research Bureau.

Jinkee Leilanie Lu, “Occupational Health and Safety of Women Workers: Viewed in the Light of Labor Regulations” in ‘Journal of International Women’s Studies’ (2011).

This article is an analytic and discursive review of data and studies about women workers in the manufacturing sector in the Philippines in the light of labour regulations. The analyses focus on the following: occupational health and safety, health and safety programs, provision of facilities at work, and labour issues pertaining to women workers. Policy and advocacy work implications are recommended based on the discursive analysis.

Jocelyn Sac key and Mohammed-Aminu San da, “Social Support as Mental Health Improver for Managerial Women in the Organizational Work Environment” published in ‘Business Intelligence Journal’, (2011).

Assessed the relationship between social support and mental health (depression, anxiety and somatic anxiety) relative touts’ impact on managerial women in Ghana. The objective is to seek answers tithe question as to whether the availability of social support in the work environment can help improve the mental health of women. This is because the lack of spousal support for working women is found to have a direct connection to diminished mental health. The findings show that

spousal support provided women with a sense of security and stability at home and also reduced their possibility of being confronted with role conflict. It is thus, concluded that the career progression of women managers can be greatly enhanced when they receive spousal support, encouragement and guidance in addition to those from superiors and co-workers

Muhammad Shoaib, et al, “Occupational Risk Factors Associated with Reproductive Health of Working Women (2011).

A Case Study of University of Gujarat” published in ‘Academic Research International’, the occupational risk factors are those factors which directly or indirectly influence the health and performance of the workers. Present study aims at understanding the association between occupational risk factors and reproductive health of married working women in University of Gujarat (Hugo), Pakistan. In Pakistan the opportunities for working women are not appreciable as compared to developed countries. Women are mostly secluded from such opportunities. So, in this study researchers try to highlight the importance of the issue in the context of the Pakistan and more specifically working women in Hugo. For the present study 110 married working women were sampled from University of Gujarat through simple random sampling by using sample size determinant formula. The results showed that there is a positive association between occupational risk factors and reproductive health of married working women.

Sheryl Thomas, “A Study on the Health Problems of Women Working in a Textile Unit in Coimbatore” in ‘International Journal of Science and Technology’ (2011).

The economic status of women is now accepted as an indicator of a society’s stage of development. Textile industry is the only industry to have employed women workers since long time. Women workers unlike the majority in the informal sector have been exposed to rigorous work, discipline, fixed working hours, specific production norms etc. In Tamil Nadu, the garment industry is female dominated field. There are many health problems to which the women workers in textile industry is exposed to. To examine the health problems of women workers in the textile unit a study is undertaken. The data was collected with the help of a questionnaire administered to 60 women. The study found out

that many of them suffered from backache, joint pains, headache and general tiredness. The medical expenses were a big burden for these women. The women do not give much importance to their health. They try to work even when they are sick and weak, just to supplement the family income. The health hazards of the women working in the textile industry are much higher compared to their counterparts in other sectors. It is therefore an urgent need on the part of the policy makers to take effective steps to better the condition of women in textile industry.

Sham Pingle, “Occupational Safety and Health in India: Now and the Future” in ‘Industrial Health’ (2012).

India, a growing economy and world’s largest democracy, has population exceeding 1.2 billion. Out of this huge number, 63.6% form working age group. More than 90% work in the informal economy, mainly agriculture and services. Less than 10% work in the organized sector; mainly industry, mining and some services. New service industries like Information Technology (IT), Business Process Outsourcing (BPO) are increasing rapidly; so is the proportion of females in the workforce. The Occupational Safety and Health (OSH) scenario in India is complex. Unprecedented growth and progress go hand in hand with challenges such as huge workforce in unorganized sector, availability of cheap labour, meagre public spending on health, inadequate implementation of existing legislation, lack of reliable OSH data, shortage of health professionals, multiplicity of statutory controls, apathy of stakeholders and infrastructure problems. The national policy of OSH at workplace, adopted by the government in 2009, is yet to be implemented.

B) RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

Research is an academic and as such be used in technical sense. According to “**Clifford woody**” research comprise defining problems, formulating suggested solution; collecting organization and evaluating data, making deductions and reaching conclusion, at last carefully testing the conclusion to determine whether they fit the formulating hypothesis.

Research methodology is a way to systematically solve research problem. It may be understood as science of studying how research is done scientifically.

RESEARCH DESIGN

The research design is the basic framework or a plan for the study and it is the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. This is a fact-finding study. The research design taken to this study is “**Empirical research**”

SAMPLE DESIGN

All the details connected with the sampling process, from the determination of sample size down to the collection of data, would be spelt out. The sample design selected for this study is “**Chunk or convenience sampling technique**” which is a statistical method of drawing representative data by selecting people because of the ease of their volunteering or selecting units because of their availability or easy access.

SAMPLE SIZE

The sample size selected for the present study is limited to 106 women employees of different fields.

PERIOD OF STUDY

The period of study is limited to two month's only due to the time constraint of the researcher. The study was conducted in the months of December 2021 to January 2022.

DATA COLLECTION

The researcher has collected information through primary data and secondary source.

A) Primary data:

Primary data is known as the data collected for the first time through field survey. Such data are collected with specific set of objectives to assess the current status of any variable studied. Primary data always reveals the cross-section picture of anything studied. This is needed in research to study the effects or impact of any policy. The research has collected the data from the female employees with the help of framed questionnaire and by direct interview method.

B) Secondary data:

Secondary data refers to the information or facts already collected. Such data are collected with the objective of understanding the past status of any variable, or the data collected and reported by some source is accessed and used for the objective of the study. Normally in research. The scholars collected published data, analyse them, to explain the relationship between the variable, which may not have been issued or the relationship might be explained in a new way. The secondary data were taken from books and websites, articles, journals and magazines have been consulted for the purpose of the study. Such a sources is used save time and cost in compiling the data relating to the past.

ANALYTICAL TOOLS

The researcher has adopted the following statistical tools to analyse the data:

- Percentage analysis

PERCENTAGE ANALYSIS MEANING

It refers to a special kind of rates, percentage are used in making comparison between two or more series of data. A percentage is used to determine relationship between the series.

Percentage = No. of Respondents / Total population.

SCOPE OF THE STUDY

- The scope of the study is to understand the various aspects and concepts of occupational health hazards among working women.
- The study shows the relationship between occupational health hazards and the working women.

Objectives of the study

- To study occupational health hazards of working women in Ambattur I.E
- To identify the type of health issue suffered by working women.
- To offer suggestion for the better improvement of their health.
- To know programs organized by the organization.

LIMITATIONS OF THE STUDY

- Times was a major constraint for the study.
- The sample size consists of female respondents only.
- Certain data could not be collected accurately as they were confidential.
- The opinions of the respondents may be biased.
- This study covers only the limited area.

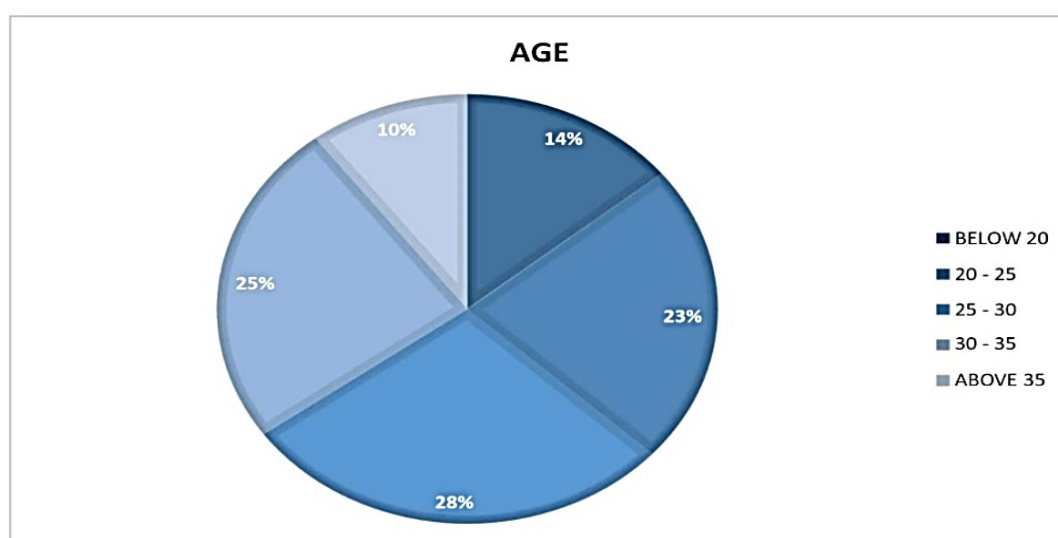
CHAPTER – 4

ANALYSIS AND INTERPRETATION OF DATA

TABLE NO – 4.1 TABLE SHOWING AGE OF THE RESPONDENTS

AGE	No. of RESPONDENT	PERCENTAGE (%)
Below 20	15	14%
20 – 25	24	23%
25 – 30	30	28%
30 – 35	26	25%
Above 35	11	10%
TOTAL	106	100%

CHART NO – 4.1 CHART SHOWING AGE (IN YEARS) OF THE RESPONDENTS



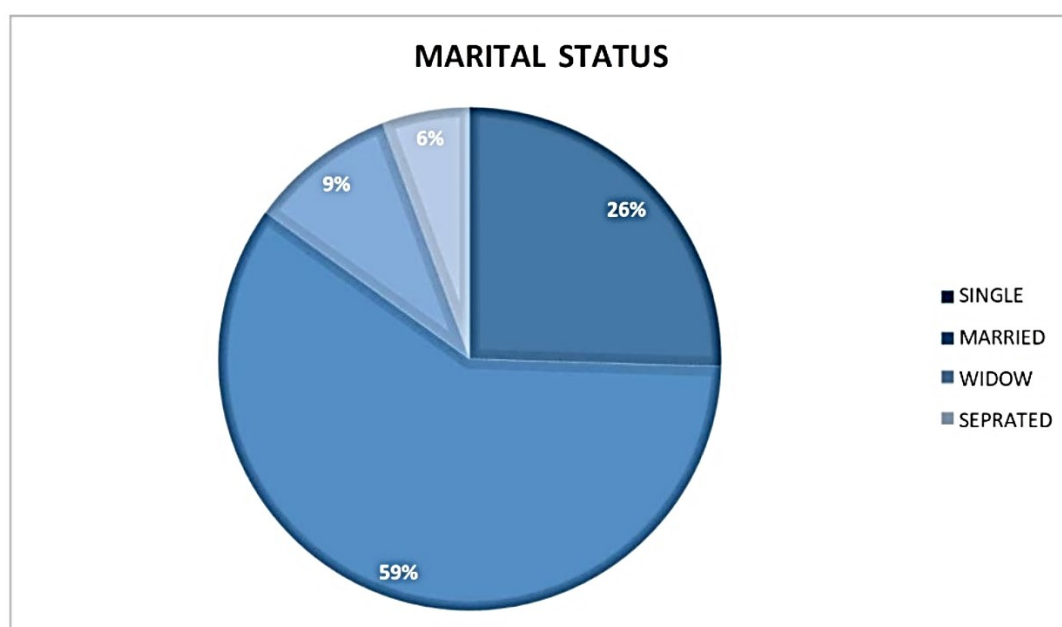
INTERPRETATION:

The above table and chart no. 4.1 show that 14% of respondent are in below 20 age group, 23% of the respondents are in the age group of 20 – 25, 28% of respondents are in the age group of 25 – 30, 25% of respondent are in the age group of 30 – 35, and 10% of respondent are in the age group of above 35.

TABLE NO – 4.2 TABLE SHOWING MARITAL STATUS OF THE RESPONDENTS

MARITAL STATUS	NO. OF RESPONDENT	PERCENTAGE (%)
SINGLE	27	26%
MARRIED	63	59%
WIDOW	10	9%
SEPRATED	6	6%
TOTAL	106	100%

CHART NO – 4.2 CHART SHOWING MARITAL STATUS OF THE RESPONDENTS



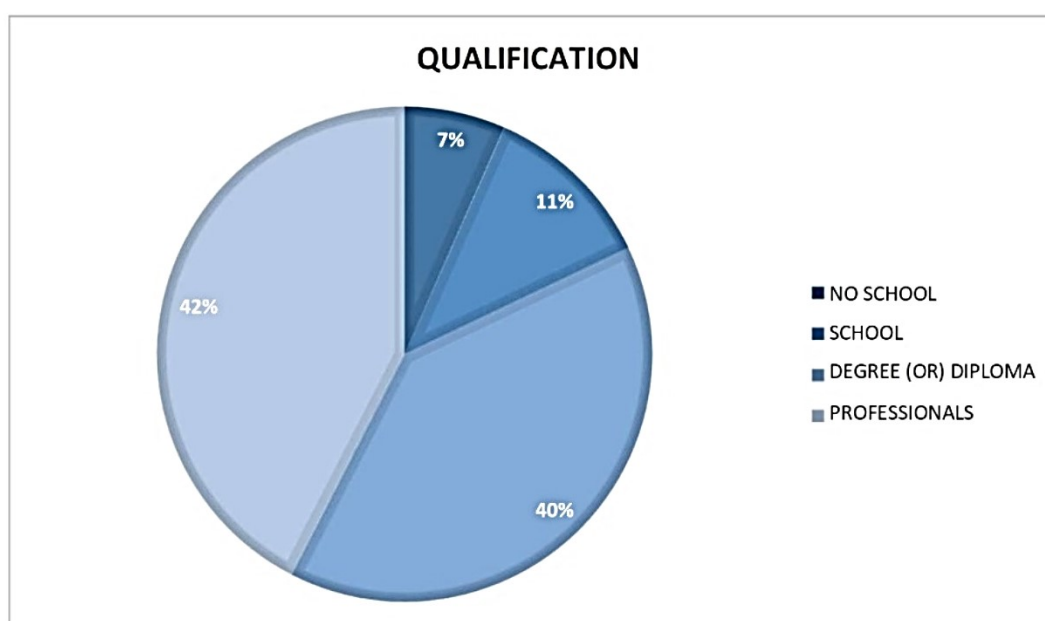
INTERPRETATION:

The above table and chart no. 4.2 show that the 26% respondents are Single, 59% of the respondent are Married, 9% of the respondents are Widow, and 6%of respondents are Separated.

TABLE NO – 4.3 TABLE SHOWING QULIFICATION OF RECONDENTS

QULIFICATION	NO. OF RESPONDENTS	PERCENTAGE (%)
NO SCHOOL	7	7%
SCHOOL	12	11%
DEGREE (OR) DIPLOMA	42	40%
PROFESSIONALS	45	42%
TOTAL	106	100%

CHART NO – 4.3 CHART SHOWING QULIFICATION OF RESPONDENTS



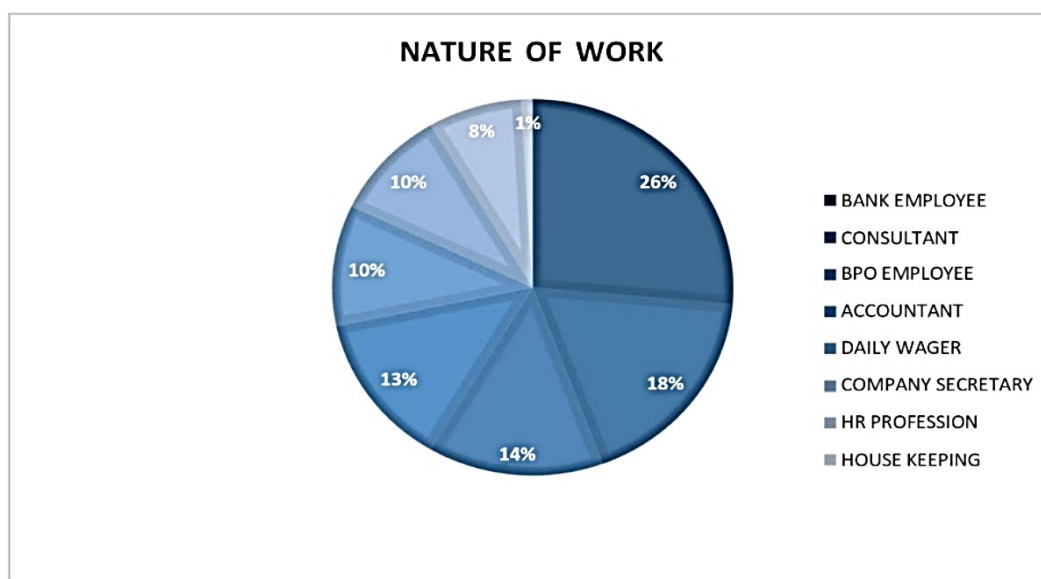
INTERPRETATION:

The above table and chart no. 4.3 show that 7% of the respondents belongs to No School, 11% of respondents belongs to School, 40% of the respondents belongs to Degree (or) Diploma, and 42% of the respondents belongs to Professionals.

TABLE NO – 4.4 TABLE SHOWING THE NATURE OF WORK OF THE RESPONDENTS

NATURE OF WORK	NO. OF RESPONDENTS	PERCENTAG (%)
BANK EMPLOYEE	28	26%
CONSULTANT	19	18%
BPO EMPLOYEE	15	14%
ACCOUNTANT	14	13%
DAILY WAGER	11	10%
COMPANY SECRETARY	10	10%
HR PROFESSION	8	8%
HOUSE KEEPING	1	1%
TOTAL	106	100%

CHART NO – 4.4 CHART SHOWING THE NATURE OF WORK OF THE RESPONDENTS



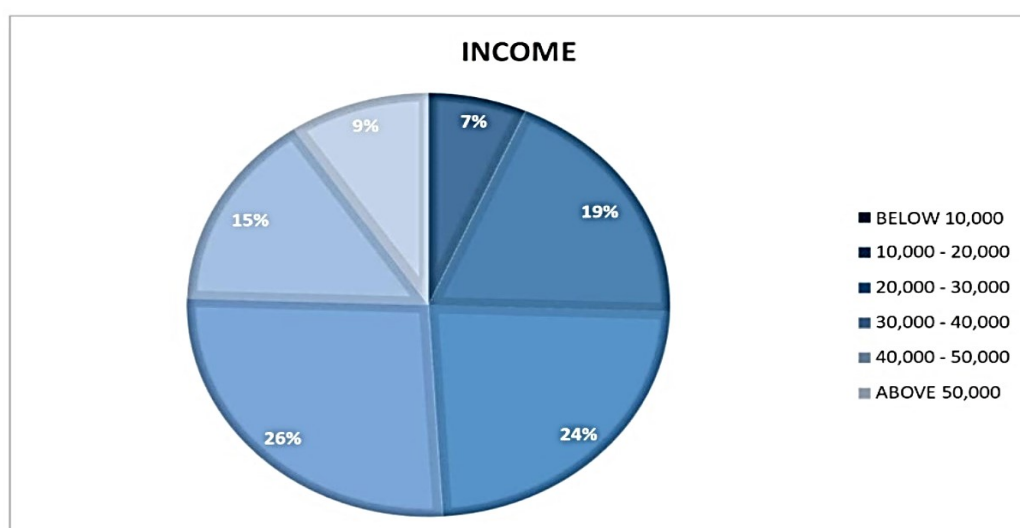
INTERPRETATION:

The above table and chart no – 4.4 show that 26% of the respondents are working as bank employee, 18% of the respondents work as consultant, 14% of the respondents work in BPO, 13% of the respondents work as an accountant, 10% of the respondents work as a daily wager, 10% of the respondents work as company secretary, 8% of the respondents works in HR Profession, and 1% of the respondents works in housekeeping.

TABLE NO – 4.5 TABLE SHOWING THE INCOME LEVEL OF THE RESPONDENTS

INCOME (RS)	NO. OF RESPONDENTS	PERCENTAGE (%)
BELOW 10,000	7	7%
10,000 – 20,000	20	19%
20,000 – 30,000	25	24%
30,000 – 40,000	28	26%
40,000 – 50,000	16	15%
ABOVE 50,000	10	9%
TOTAL	106	100%

CHART NO – 4.5 CHART SHOWING INCOME LEVEL OF INCOME OF THE RESPONDENTS



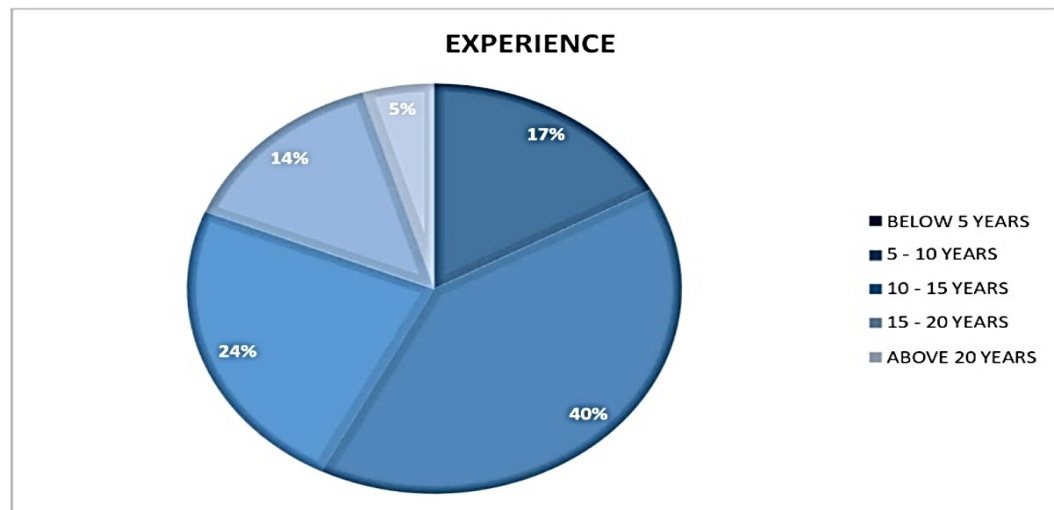
INTERPRETATION:

The above table and chart no. 4.5 show that 7% of respondents earn Below 10,000, 19% of respondents earn 10,000 – 20,000, 24% of respondents earn 20,000 – 30,000, 26% of the respondents earn 30,000 – 40,000, 15% of the respondents earn 40,000 - 50,000, and 9% of the respondents earn above 50,000.

TABLE NO – 4.6 TABLE SHOWING EXPERIENCE OF RESPONDENTS IN YEARS

EXPERIENCE	NO. OF RESPONDENTS	PERCENTAGE (%)
BELOW 5 YEARS	18	17%
5 – 10 YEARS	43	40%
10 – 15 YEARS	25	24%
15 – 20 YEARS	15	14%
ABOVE 20 YEARS	5	5%
TOTAL	106	100%

CHART NO – 4.6 CHART SHOWING EXPERIENCE OF THE RESPONDENTS



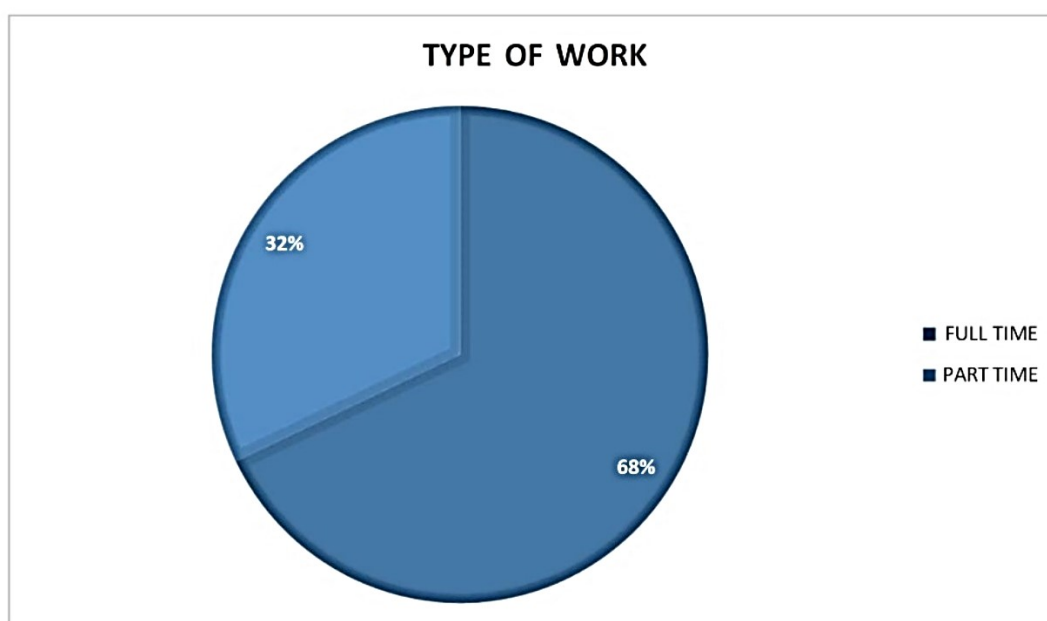
INTERPRETATION:

The above table and chart no. 4.6 show that 17% of respondents have below 5 years of experience, 40% of the respondents have experience of 5 – 10 years, 24% of respondents have 10 – 15 years of experience, and 14% of respondents have 15 – 20 years of experience. 5% of respondents have above 20 years of experience.

TABLE NO – 4.7 TABLE SHOWING TYPE OF THE JOB DONE BY THE RESPONDENTS

TYPE OF THE JOB	NO. OF RESPONDENTS	PERCENTAGE (%)
FULL TIME	72	68%
PART TIME	34	32%
TOTAL	106	100%

CHART NO – 4.7 CHART SHOWING TYPE OF THE JOB DONE BY THE RESPONDENTS



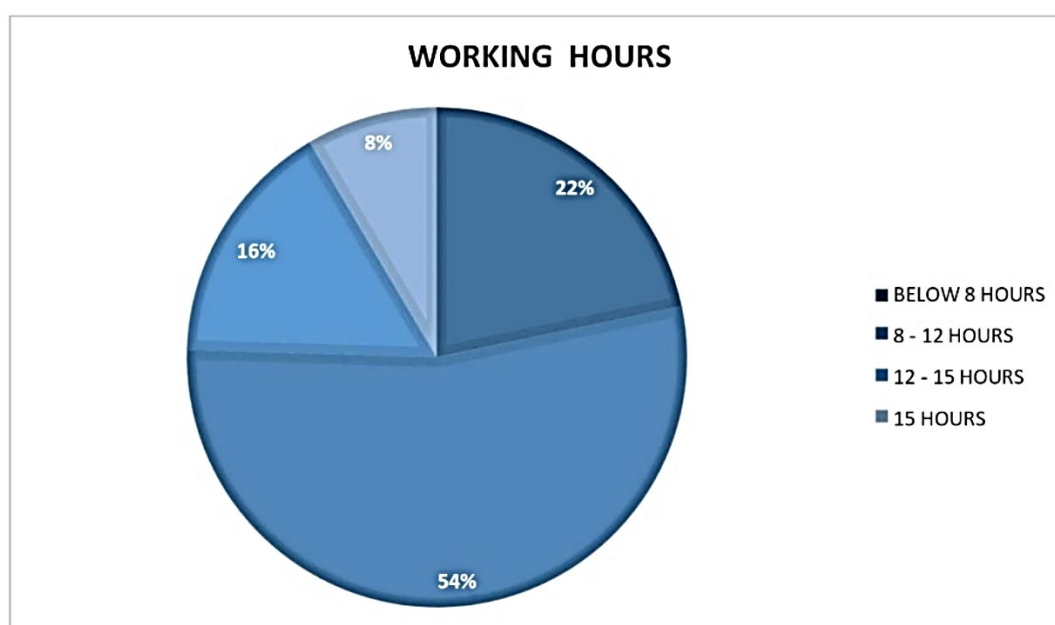
INTERPRETATION:

The above table and chart no.4.6 shows that 68% of the respondents are Full time workers and 32% of the respondents are Part time workers.

TABLE NO – 4.8 TABLE SHOWING WORKING HOURS IN A DAY OF THE RESPONDENTS

WORKING HOURS	NO. OF RESPONDENTS	PERCENTAGES (%)
BELOW 8 HOURS	23	22%
8 – 12 HOURS	57	54%
12 – 15 HOURS	17	16%
15 HOURS	9	8%
TOTAL	106	100%

CHART NO – 4.8 CHART SHOWING WORKING HOURS IN DAY OF THE RESPONDENTS



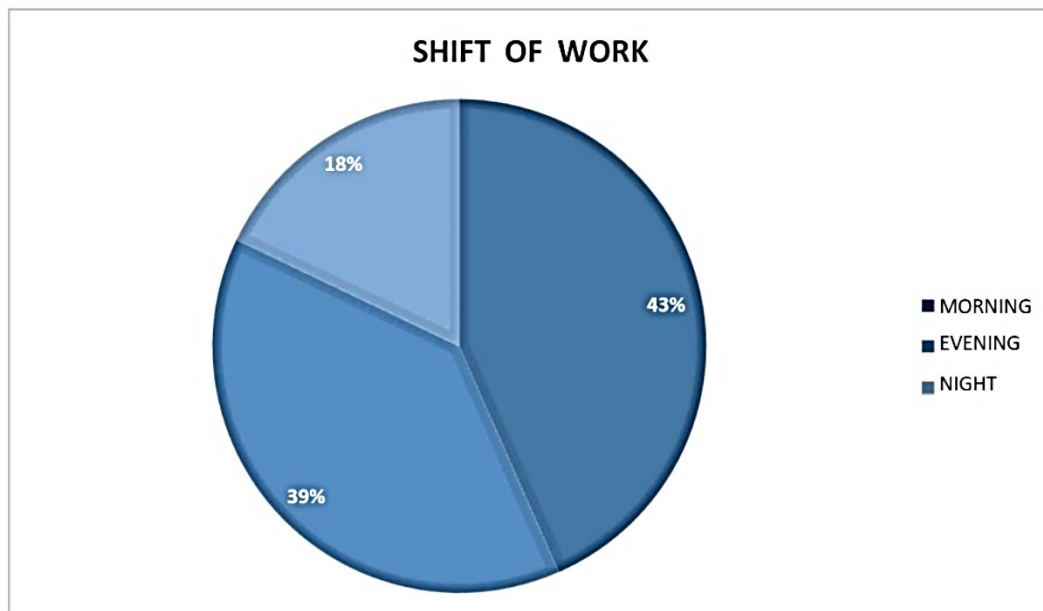
INTERPRETATION:

This table and chart no. 4.7 shows that 22% of the respondents work below 8 hours a day, 54% of the respondents work 8 – 12 hours a day, 16% of the respondents work 12 – 15 hours a day, and 8% of the respondents work 12 – 15 hours a day.

TABEL NO – 4.9 TABLE SHOWING SHIFT OF WORK OF THE RESPONDENTS

WORKING TIME STARTS AT	NO. OF RESPONDENT	PERCENTAGE (%)
MORNING	46	49%
EVENING	41	9%
NIGHT	19	18%
TOTAL	106	100%

CHART NO – 4.9 CHART SHOWING WORKING TIME STARTS FOR THE RESPONDENTS



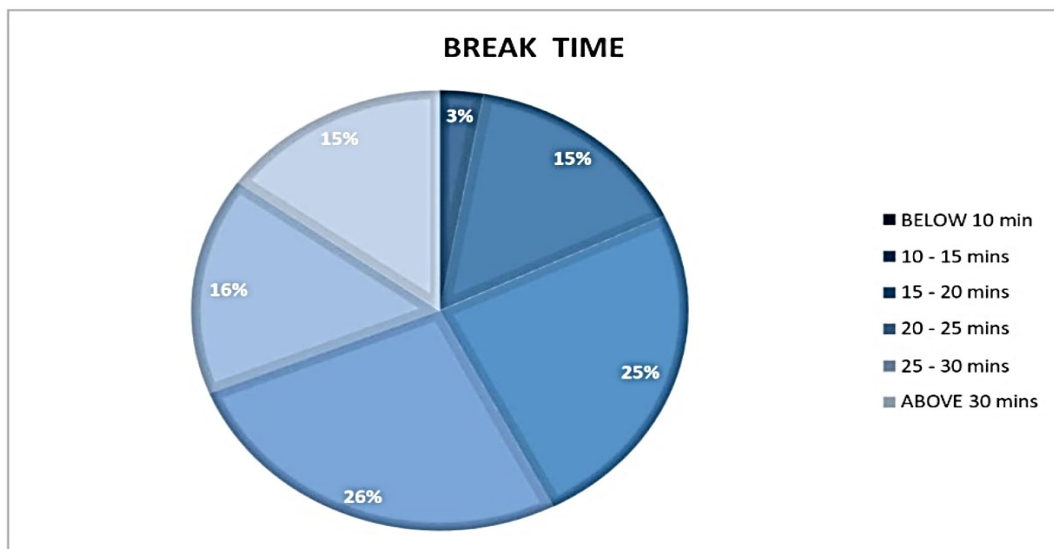
INTERPRETATION:

The above table and chart no. 4.8 show that 43% of the respondent's work starts in morning, 39% of the respondent's work starts at evening, and 18% of the respondent's work starts at night.

TABLE NO – 4.10 TABLE SHOWING THE TIME GIVEN FOR TAKING REST FOR THE RESPONDENTS

REST TIMEING	NO. OF RESPONDENTS	PERCENTAGE (%)
BELOW 10	3	3%
10 – 15 MINS	16	15%
15 – 20 MINS	26	25%
20 – 25 MINS	28	26%
25 – 30 MINS	17	16%
ABOVE 30 MINS	16	15%
TOTAL	106	100%

CHART NO. 4.10 CHART SHOWING THE TIME GIVEN FOR TAKING REST FOR THE RESPONDENTS



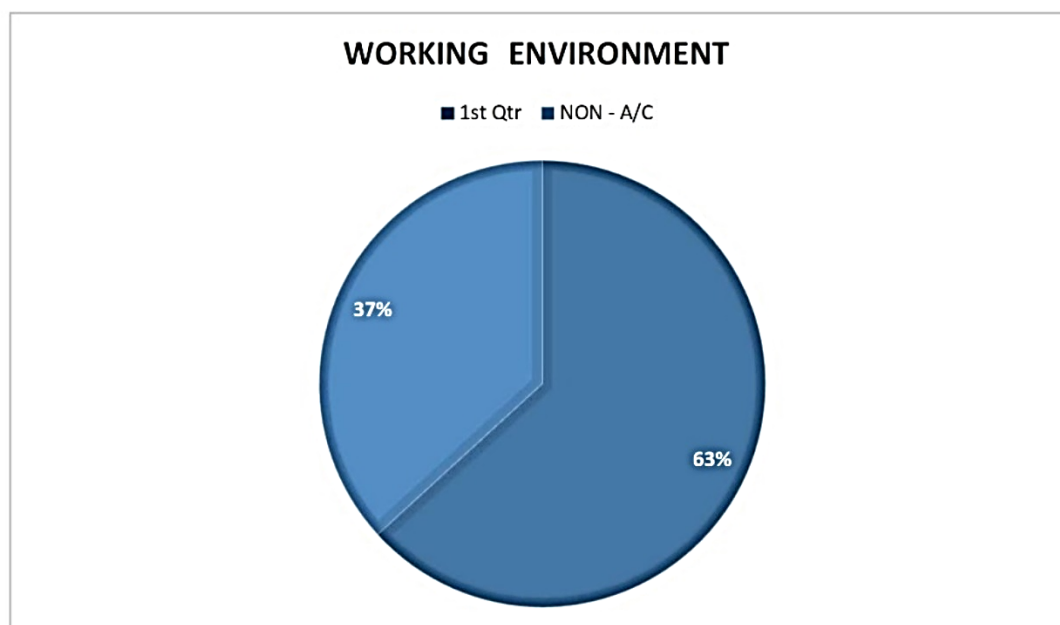
INTERPRETATION:

The table and chart no. 4.9 show that 3% of the respondents take rest for less 10 mins, 15% of the respondents take rest for 10 – 15 mins, 25% of the respondents take rest for 15 – 20 mins, 26% of the respondents take rest for 20 – 25 mins, 16% of the respondent take rest for 25 – 30 mins, and 15% of the respondents take rest for more than 30 mins.

TABLE NO – 4.11 TABLE SHOWING WORKING ENVIRONMENT OF THE RESPONDENTS

WORKING ENVIROMENT	NO. OF RESPONDENTS	PERCENTAGE (%)
A/C	67	63%
NON-A/C	39	37%
TOTAL	106	100%

CHART NO – 4.11 CHART SHOWING WORKING ENVIRONMENT OF RESPONDENTS



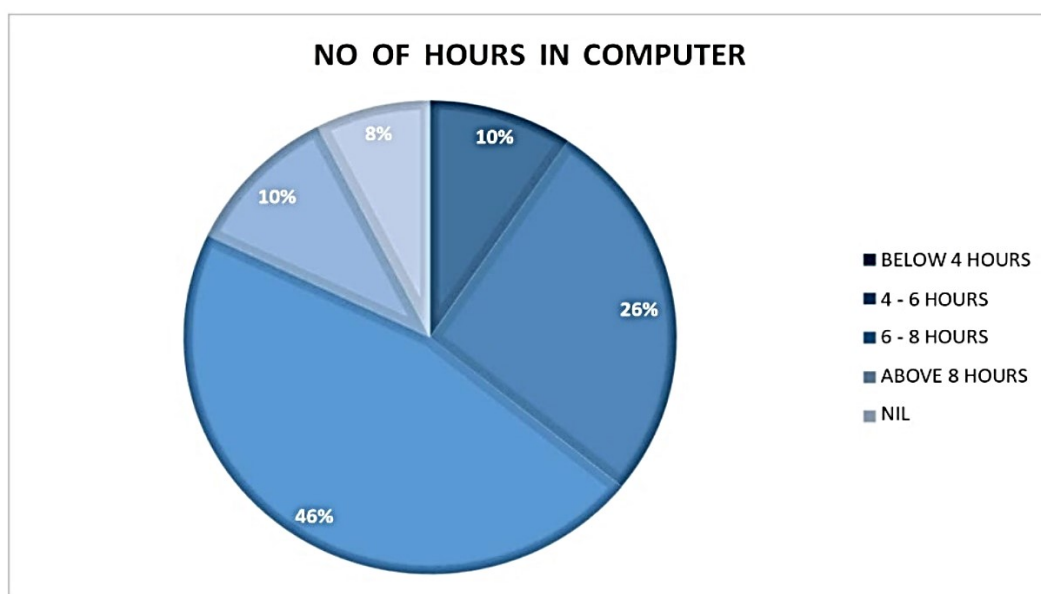
INTERPRETATION:

The above table and chart no. 4.10 show that 63% of the respondents work in an environment provided with a/c, and 37% of the respondents work in an environment not provided with a/c.

TABLE NO – 4.12 TABLE SHOWING NO OF HOURS WORKING IN COMPUTER BY THE RESPONDENTS

NO OF HOURS IN COMPUTER	NO. OF RESPONDENTS	PERCENTAGE (%)
BELOW 4 HOURS	10	10%
4 – 6 HOURS	28	26%
6 – 8 HOURS	49	46%
ABOVE 8 HOURS	11	10%
NIL	8	8%
TOTAL	106	100%

CHART NO – 4.12 CHART SHOWING NO OF HOURS WORKING IN COMPUTER BY THE RESPONDENTS



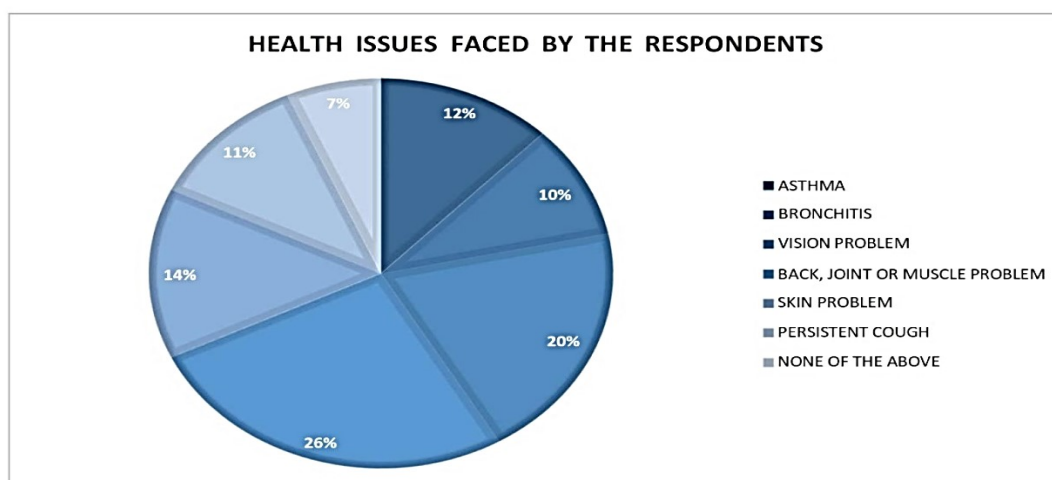
INTERPRETATION:

The above table and chart no. 4.12 show that 10% of the respondent work on computer below 4 hours, 26% of the respondents work on computer for 4 – 6 hours, 46% of the respondents work on computer for 6 – 8 hours, 10% of the respondents work on computer for above 8 hours, 8% of the respondent does not work on a computer.

TABLE NO - 4.13 TABLE SHOWING THE HEALTH ISSUES FACED BY THE RESPONDENTS

HEALTH ISSUES FACED BY THE RESPONDENTS	NO. OF RESPONDENTS	PERCENTAGE (%)
ASTHMA	13	12%
BRONCHITIS	10	10%
VISION PROBLEM	21	20%
BACK, JOINT OR MUSCLE PROBLEM	28	26%
SKIN	15	14%
PERSISTENT COUGH	12	11%
NONE OF THE ABOVE	7	7%
TOTAL	106	100%

CHART NO - 4.13 CHART SHOWING THE HEALTH ISSUES FACED BY THE RESPONDENTS



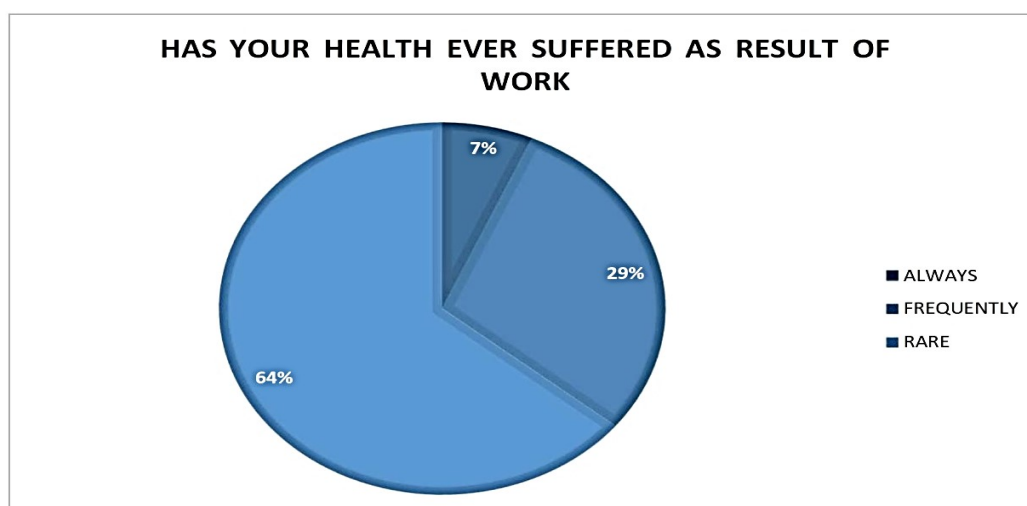
INTERPRETATION:

The above table and chart no 4.13 show that 12% of the respondent had faced asthma, 10% of the respondent had faced bronchitis, 20% of the respondents had faced vision problem, 26% of the respondents had faced back, joint (or) muscle problem, 14% of the respondents had faced skin problem, 17% of the respondents had faced persistent cough, and 11% of the respondent had faced none of the above-mentioned health issues.

TABLE NO – 4.14 TABLE SHOWING RESPONDENTS HAS YOUR HEALTH EVER SUFFERED AS RESULT OF WORK

HAS YOUR HEALTH EVER SUFFERED AS RESULT OF WORK	NO. OF RESPONDENTS	PERCENTAGE (%)
ALWAYS	7	7%
FREQUENTLY	31	29%
RARE	68	68%
TOTAL	106	100%

CHART NO – 4.14 CHART SHOWING RESPONDENTS HAS YOUR HEALTH EVER SUFFERED AS RESULT OF WORK



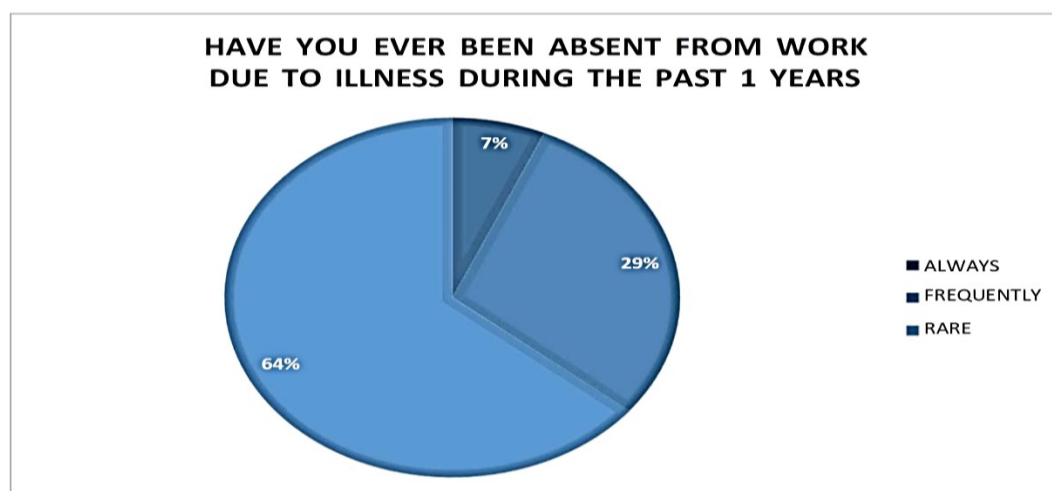
INTERPRETATION:

The above table and chart no-4.14 show that, 7% of the respondent's health has always suffered as a result of work, 29% of the respondent's health has frequently suffered as a result of work, and 64% of the respondent's health has rarely suffered as a result of work,

TABLE NO – 4.15 TABLE SHOWING DOES THE RESPONDENT EVER BEEN ABSENT FROM WORK DUE TO ILLNESS DURING THE PAST 1 YEARS

HAVE YOU EVER BEEN ABSENT FROM WORK DUE TO ILLNESS OR OTHER HEALTH ISSUES IN LAST 1 YEAR	NO. OF RESPONDENTS	PERCENTAGE (%)
ALWAYS	7	7%
FREQUENTLY	31	29%
RARE	68	68%
TOTAL	106	100%

CHART NO – 4.15 CHART SHOWING DOES THE RESPONDENT EVER BEEN ABSENT FROM WORK DUE TO ILLNESS DURING THE PAST 1 YEARS



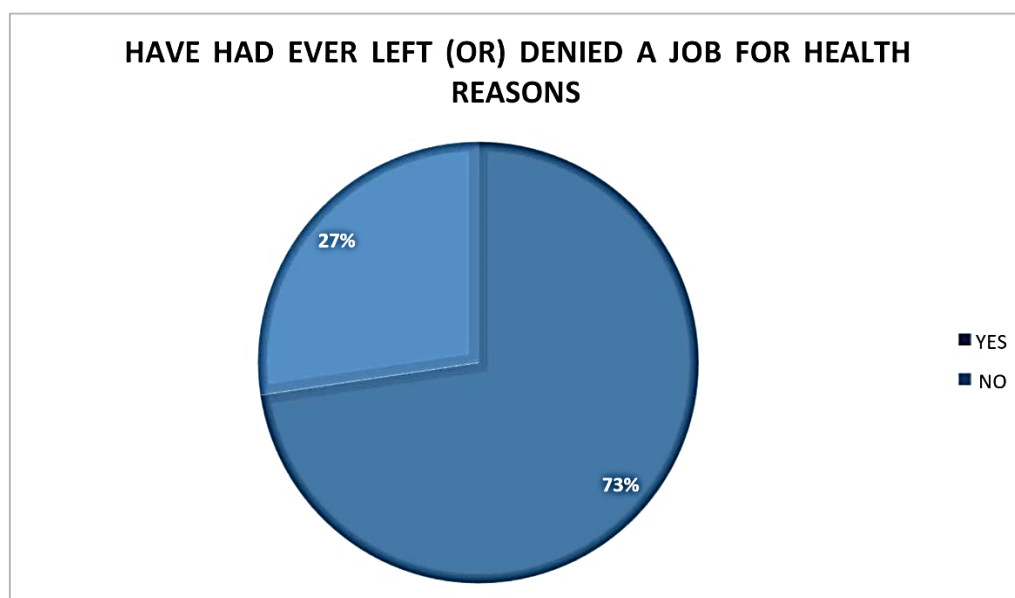
INTERPRETATION:

The above table and chart 4.15 show that 7% of the respondents always been absent for the work, 29% of the respondents frequently been absent for the work, and 64% of the respondents rarely been absent for the work.

TABLE NO – 4.16 TABLE SHOWING THE RESPONDENTS HAVE HAD EVER LEFT (OR) DENIED A JOB FOR HEALTH REASONS

HAVE HAD EVER LEFT (OR) DENIED A JOB FOR HEALTH REASONS	NO. OF RESPONDENTS	PERCENTAGE (%)
YES	77	73%
NO	29	27%
TOTAL	106	100%

CHART NO – 4.16 CHART SHOWING THE RESPONDENTS HAVE HAD EVER LEFT (OR) DENIED A JOB FOR HEALTH REASONS



INTERPRETATION:

The above table and chart no 4.16 show that 73% of the respondents had ever left (or) denied a job for health reasons, and 27% of the respondents had ever left (or) denied a job for health reasons.

TABLE NO – 4.17 TABLE SHOWING DOES THE ORGANIZATION CONDUCTING ANY HEALTH PROMOTION PROGRAMS

DOES YOUR ORGANIZATION CONDUCT ANY HEALTH PROMOTION PROGRAMS?	NO. OF RESPONDENTS	PERCENTAGE (%)
YES	86	81%
NO	8	8%
MAYBE	12	11%
TOTAL	106	100%

CHART NO – 4.17 CHART SHOWING DOES THE ORGANIZATION CONDUCTING ANY HEALTH PROMOTION PROGRAMS



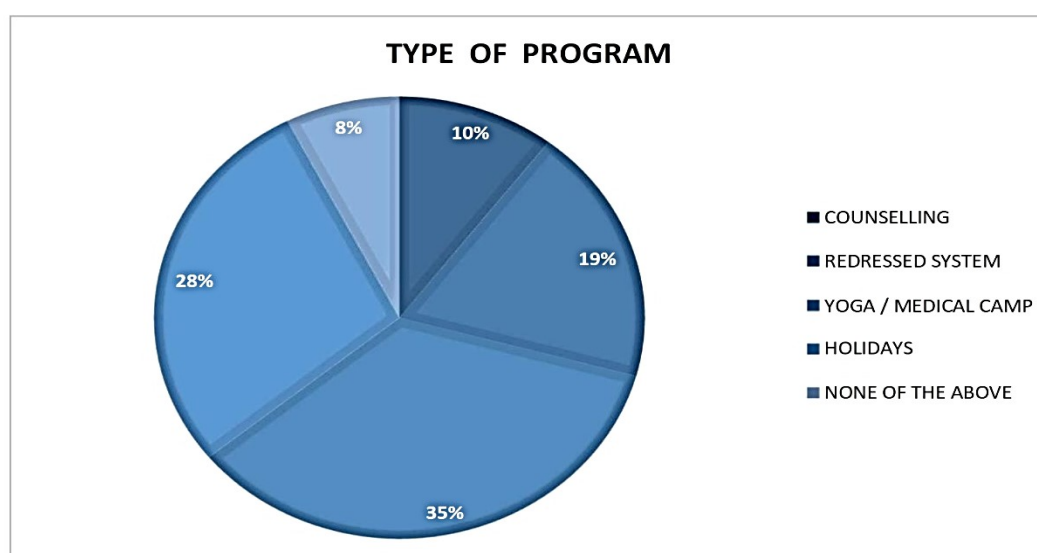
INTERPRETATION:

The above table and chart no. 4.18 show that 81% of the respondent's organisation conducts health programs, 8% of the respondent's organisation doesn't conduct health programs, and 11% of the respondent's organisation may be conducting health programs.

TABLE NO – 4.18 TABEL SHOWING WHAT TYPE OF PROGRAMS DOES YOUR ORGANIZATION FOLLOWS?

TYPE OF PROGRAM	NO. OF RESPONDENTS	PERCENTAGE (%)
COUNSELLING	11	10%
REDRESSED SYSTEM	20	9%
YOGA/ MEDICAL CAMP	37	35%
HOLIDAYS	30	28%
NONE OF THE ABOVE	8	8%
TOTAL	106	100%

CHART NO – 4.18 CHART SOWNING WHAT TYPE OF PROGRAMS DOES YOUR ORGANIZATION FOLLOWS?



INTERPRETATION:

The above table and chart no. 4.19 show that, 10% of the respondent's organization conduct counselling, 19% of the respondent's organization conduct redressed system, 35% of the respondent's organization conduct yoga/ medical camp, 28% of the respondent's organization conduct holiday, and 8% of the respondent's organization conduct none of the above.

CHAPTER – 5

FINDINGS

INTRODUCTION:

This chapter gives the findings related to “OCCUPATIONAL HEALTH HAZARDS OF WORKING WOMEN”

FINDINGS:

BY APPLYING PERCENTAGE ANALYSIS, FOLLOWING FINDINGS HAVE BEEN OBTAINED.

- Majority of the respondents (28%) belong to the age group of 25 - 30
- Majority of the respondents (59%) are married.
- Most of the respondent (42%) professional.
- Majority of the respondents (26%) are bank employees
- Majority of the respondent (26%) earn income Rs30000 – Rs 40000
- Most of the respondent (40%) have 5-10 years of experience.
- Most of the respondent (68%) prefer full time job
- Majority of the respondent (54%) works 8-12 hours per day.
- More than (49%) of the respondent works Morning.
- Most of the respondent (26%) have rest time between 20-25 minutes.
- More than (63%) of the respondent have AC facilities in their work place.
- More than (46%) of the respondent works in computer for 6 – 8 hours.
- More than (26%) of the respondents had face back, joint, or muscle problems.
- More than (68%) of the respondent have rarely faced health issues as a result of work.
- Majority of the respondents (68%) rarely took absent from work due to illness during the last 1 years.
- More than (77%) of the respondents had left or denied the job due to health reasons.
- More than (81%) of the respondents says organization is conducting health promotion program.
- 35% of the respondents says that organization conducts yoga/ medical camp.

SUGGESTION

SUGGESSTION

In today's competitive world, there is a definite need for women being employed. Problems faced by working women are increasing day to day. Due to economic constraints, women are forced to go for an employment, but they face innumerable problems which taken as a study by the researcher. The following are the various suggestions provided to improve women safety & Security.

- There is a need for protective laws that would limit employed women's working hours.
- Conveyance facility should be provided by the concerned department of working women, so, they can be protected from social problems.
- The researcher has analysed another major constraint faced by women are health issues. Nature of job, work over load, working environment led to health problems. Therefore, sufficient measures should be adopted to improve their health condition.
- Professional and family situations create fear among working women. Appropriate measures are to be taken to encourage the women to move up to the next level in the organizational hierarchy.

CONCLUSION

CONCLUSION

The women employees are considered as the most significant resources activating all other resources in any organization which are knowledge driven. The committed women employees are able to accomplish by strengthening the abilities, maintaining their motivational level to maximize their individual potential strong commitment initiates creative skills and initiate employees to innovate new products and services. Health is more important for everyone to perform their job well. Unhealthy physique leads to unhealthy job and working atmosphere. Hence, women should give importance to their health. Organisations may also consider this issue and can provide free medical facilities, arrange for holiday tours, recreational facilities etc., If employees are physically fit, then organisation may aim for attaining targets efficiently.

ANNEXURE

BIBLIOGRAPHY WEBSITES

www.google.com

www.shodhganga.inflibnet.ac.in

BOOKS

1. Dr. J. Jayasankar, Margham Publications, Human Resource Management.
2. Research Methodology CR. Kothari & Gaurav Garg.
3. Anesheusel, C. 1986, 'Marital and employment role/strain, social support and depression among adult women', in Stress, Social Support and Women, 99-114
4. Barnett, R.C. 1993, 'Multiple roles, gender and psychological distress in Handbook of Stress: Theoretical and Clinical Aspects, 2nd edn, eds L. Goldberger & S. Breznitz, The Free Press.

QUESTIONNAIRE

1) Age.

- A) Below 20.
- B) 20 – 25.
- C) 25 – 30.
- D) Above 35.

2) Marital Status.

- A) Single.
- B) Married.
- C) Widow.
- D) Separated.

3) Qualification.

- A) School.
- B) Degree (Or) Diploma.
- C) Professionals.
- D) No School.

4) Nature Of Work.

- A) Accountant.
- B) Bank Employee.
- C) Daily Wager.
- D) Bpo Employee.
- E) Consultant.
- F) Company Secretary.
- G) Hr Profession.
- H) Other:_____.

5) Income (Per Month).

- A) Below 10000.
- B) 10000 – 20000.
- C) 20000 – 30000.
- D) 30000 – 40000.
- E) 40000 – 50000.
- F) Above 50000.

6) Experience (In Years).

- A) Below 5 Years.
- B) 5 - 10 Years.
- C) 10 – 15 Years.
- D) 15 – 20 Years.
- E) Above 20 Years.

7) Type Of Work.

- A) Full Time.
- B) Part Time.

8) Shift Of Work.

- A) Day.
- B) Evening.
- C) Night.

9) Working Hours.

- A) Below 8 Hours.
- B) 8 - 12 Hours.
- C) 12 – 15 Hours.
- D) Above 15 Hours.

10) Break Time.

- A) Below 10 Mins.
- B) 10 – 15 Mins.
- C) 15 – 20 Mins.
- D) 20 – 25 Mins.
- E) 25 – 30 Mins.
- F) Above 30 Mins.

11) Working Environment.

- A) A/C.
- B) Non-A/C.

12) No Of Hours in Computer.

- A) Below 4 Hours.
- B) 4 - 6 Hours.
- C) 6 – 8 Hours.
- D) Above 8 Hours.
- E) Nil.

13) Have You Had Faced Any of These Health Issues.

- A) Asthma.
- B) Bronchitis.
- C) President Cough.
- D) Vision Problem.
- E) Back, Join or Muscle Problem.
- F) Skin Problem.
- G) None Of the Above.
- E) Other_____.

14) Has Your Health Ever Suffered as Result of Work.

- A) Always.
- B) Frequently.
- C) Rare.

15) Have You Ever Been Absent for Your Work Due to Illness or Other Health Issues in Last 1 Years.

- A) Always.
- B) Frequently
- C) Rare.

- 16) Have You Ever Left (Or) Denied A Job for Health Reasons.
- A) Yes.
 - B) No.
- 17) Does Your Organization Conduct Any Health Promotion Programs?
- A) Yes.
 - B) No.
 - C) Maybe.
- 18) What Type of Programs Does Your Organization Follows?
- A) Counselling.
 - B) Redressed System.
 - C) Yoga / Medical Camp.
 - D) Holidays (Tours).
 - E) None Of the Above.