CHAPTER – I

INTRODUCTION

India is a growing country, the world's most vibrant and largest democracy and an aspiring superpower. Occupational safety and health (OSH) for India is a 'developmental tool' and an empowering movement. Majority of Indian population is engaged in unorganized sector and resides in rural area; though the urban population has been on rise. Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. Health and safety of the employees are important aspects of an organization's smooth and effective functioning. Occupational safety and health is an area concerned with protecting the safety, health and welfare of people engaged in work or employment. The goal of all occupational safety and health programmes is to foster a safe work environment. High quality of work goes hand in hand with high employment participation. This is because the working environment plays a crucial role in enhancing the potential of the workforce and is a leading competitiveness factor.

Occupational safety and health can be important for moral, legal, and financial reasons. As a secondary effect, it may also protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment. It may involve interactions among many subject areas, including occupational medicine, occupational (or industrial) hygiene, public health, safety engineering, chemistry, health, physics, ergonomics, toxicology, epidemiology, environmental health, industrial relations, public policy, industrial sociology, medical sociology, social law, labour law and occupational health psychology.

The term 'Occupational Health and Safety' refers to the physical, physiological and psychological conditions of an organization's workforce related to aspects of work and work context (World Health Organization, 1994). Since 1950, the International Labor Organization and World Health Organization have shared a common definition on Occupational Health which reads as 'the promotion and maintenance of highest degree of physical, mental and social well being of workers in all occupations5 by

preventing departures from health, controlling risks and the adaptation of work to people and people to their jobs' (Stellman, 1998). Nevertheless, both public and private organizations, at the global level still face innumerable challenges in executing this at the workplace. The work environment in many organizations is riddled with various visible and hidden hazards5 that create a risk6 for the employees.

Working women in India are faced with lot more challenges than their counterparts in the other parts of the world. In India, men do not share on most of the household chores, it is women who have to cook, clean the house, do the dishes, wash clothes, get their children ready for school, etc. Men just took care of few chores that are to be dealt outside the house. So the major burden of running the family is on the shoulders of women. It was alright for women to handle all the chores as long as they were homemakers. Now with their increasing need for getting some income for the family, they have to work all the more harder.

Violence against women manifests itself in many ways and is one of the most pervasive forms of human rights abuse in the world today. Globally, one of the less known and less acknowledged forms of violence against women is the presence of violence at work. This form of violence puts both the employees and employers in increasingly vulnerable positions. The universal nature of this problem worldwide has awakened the interests of international forums who have developed various measures to tackle this. The initiatives made by the international forums have been the basis for developing policies for women and their work for many countries across the world. With the growing globalization and liberalization of the economy, as well as increased privatization of services, women as a whole have been left behind and not been able to partake of the fruits of success. The mainstreaming of women into the new and emerging areas of economic growth is imperative. This necessitates the importance and the need for evolving measures to protect women against violence, especially at workplace.

Identifying issues and problems in the occupational health of women remains a challenge. Much of women's work remains unrecognised, uncounted and unpaid: work in the home, in agriculture, food production and the marketing of home-made products,

for example. Within the paid labour force, women are disproportionately concentrated in the informal sector, beyond the scope of industrial regulations, trade unions, insurance or even data collection. Women may undertake paid work at home, or combine part or full time paid work with household work and the care of children, the sick and the elderly. They are likely to move in and out of the paid labour force during different life stages; within the paid labour force they may have a variety of different occupations in succession.

Much of women's work has traditionally been carried out within the context of the family: growing food on a family plot; finding fuel, gathering water and preparing foods for family members; spinning, weaving and sewing the garments worn by that family; cooking and washing for the family and looking after its children and its sick and elderly members. This remains the occupational environment in which many women - particularly rural women in developing countries - work today. Surprisingly little is known about the health hazards of this environment, in part because women's household work has been under-recorded and undervalued and hence there has been little incentive to examine it in detail. As women move beyond their traditional occupations, they meet new health hazards which may either replace or add to their existing occupational exposure. Women's labour force participation rates have increased steadily, and not only in the industrialised countries. The dramatic economic successes of the newly industrialised states of Asia, for example, are substantially a reflection of increasing feminisation of labour in this region. In these economies, female workforce participation rates increased far more rapidly than male from the 1960s, although their jobs were largely less-skilled and poorly paid. Women workers formed the largest pool of workers in export-oriented light industries, such as electronics and textiles, which underpinned economic expansion (Lin Lean Lim 1993).

OBJECTIVES OF THE STUDY

- To describe the working environment in private organization.
- To identify the risk factors of women health and safety in private organizations.
- To find out the perception of women about the health and safety rights
- To find out the major problems faced by women in private organizations.

LIMITATIONS OF THE STUDY

- Due to constraint of time only city of Kannur is selected and so it cannot claim to be a comprehensive study of the population.
- The sample size is restricted to 50 respondents.
- Non response of the respondents.

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