**CHAPTER – I**

**EXECUTIVE SUMMARY**

**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).

**CHAPTER – II**

**PROBLEM STATEMENT**

**RESEARCH PROBLEM**

In the history of human development, women have been as vital in the history making as men have been. In fact higher status for women vis-à-vis employment and work performed by them in a society is a significant indicator of a nation’s overall progress. Undoubtedly, without the active participation of women in national activities, the social, economic or political progress of a country will deteriorate and become stagnant. But ironically and tragically, women employees in general, are not taken very seriously by their superiors, colleagues, or society at large. Having a career poses challenges for women due to their family responsibilities. Traditionally Indian women had been home makers but in the recent decades, proper education and better awareness, in addition to the ever increasing cost of living has made them to go out and choose careers. In a patriarchal society like India it is still believed that a man is the primary bread winner of his family. Although Indian women have started working outside their homes but still they have a long way to go both culturally, socially and economically, to bring in positive attitudinal changes in the mind-set of people.

Women in India, over the years, have crossed the traditional boundaries in leaps and bounds. No more can their achievements nor contributions to the economy be negated or underestimated. In this context, it is of prime importance that the health and safety of women are not compromised to workplace violence hampering their growth and potential. The study is relevant as it explores the role of the contemporary woman and the hazards she faces in the name of violence at her workplace restricting her from reaching her fullest potential.

**SIGNIFICANCE OF THE STUDY**

**W**omen in the workforce earning wages or a salary are part of a modern phenomenon, one that developed at the same time as the growth of paid employment for men, but women have been challenged by inequality in the workforce. Majority of workplaces were not safe for the women to perform their work smoothly. Human resource management should b done properly in the organization. 'Workplaces are not safety for women' this we can see in discrimination among male and female employees in pay scale, job security, higher designations and so on. But at present every organization has to play a great role in the development of women workforce in the organization. Giving equal opportunity to women is part of business ethics. Women workers will be given all rights that will safeguards the interest of them in the workplace. This paper attempts to give information about safety and performance of women employees at the workplace. The present study was based on primary data collected from respondents of Kannur district of Kerala state.

**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.

**HYPOTHESIS OF THE STUDY**

* The work environment exists in the private organization is satisfactory
* There is low risk factors for violence against women at her workplace
* The policies to handle the work place issues are effective
* Women are not aware about the health and safety rights
* Top management are taking satisfactory measure to ensure health and safety of women workers in private organization.

**RESEARCH METHODOLOGY**

The methodology used for this is exploratory research. It adopts a questionnaire survey and interview method to understand the working environment of employees working in Private organizations in Kannur District.

**Research Design**

The research design used was descriptive one. It narrates the whole research in a simple manner. The study seeks to find out the level of stress among employees and the factors contributing to their stress.

**Sampling technique/method**

Non probability and convenient sampling technique was used for the purpose of this survey to identify responses.

**Population**

The population under study is working women in Kannur District

**Sample size**

The size of the sample used in the study is 50

**Methods of data collection:**

**Primary data**

The methods used for collecting primary data were survey method through a structured questionnaire.

**Secondary data**

Secondary data were collected from information gathered from the books, Internet, Journals etc.

**TOOLS FOR DATA ANAYSIS**

Percentage Analysis Method was the tool used for analysis of data

Data presentation and analysis was done with the help of tabulation, bar diagram and pie chart

**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.

**REVIEW OF LITERATURE**

For the purpose of this study various primary and secondary sources of literature were studied which includes government reports, books, journals, research papers and articles on the subject. Among the expanse of literature available on the area of research only a select few have been documented based on its contribution to the research work. The few that have been discussed here have aided the research in the understanding and execution of the research. On the basis of the nature of literature, the sources for the study were classified as Government Reports, Books, Research Papers and Articles.

Report of the Steering Committee on Labour and Employment constituted for the Eleventh Five Year Plan (2007-2012), Government of India stresses the need to set up more research in the area of Occupational Health. It also outlays the financial implications of the labour force in public sectors across the years.

Tenth Report on Refurbishing of Personnel Administration, 2008 by Second Administrative Reforms Commission of the Ministry of Personnel, Public Grievances and Pensions is an extensive study on the Civil Services in India. It traces the background and its development till date giving clarity on the workings of the services.

Thirteenth Report on Organizational Structure of Government of India, 2009 by the Second Administrative Commission of the Ministry of Personnel, Public Grievances and Pensions outlines the structure of the Indian Government. The details are explicit and aid in understanding the structural and functional aspects of the Government.

The theory of accepting sexual harassment as a form of sexual discrimination has been highlighted in the book Sexual harassment of working women, published in 1979 by Catherine Mac Kinnon, a renowned feminist and legal scholar. It has been useful for understanding sexual harassment and reinforces that sex discrimination creates social inequality of women to men.

Managing Occupational Health in Service Industries, 2001, H.L. Kaila et al, deals with the concept of Occupational Health in a competitive and changing socio-economic scenario in India. An attempt is made by collecting data on occupational health problems in service industries and practical suggestions made to cope with them. The book has taken few organizations in the service industries and studied problems of occupational health of women in the same. It has aided the researcher in identifying the area of research and the organizations to be chosen for study.

The book, Management and the professions: How cracked is that glass ceiling?, Fiona H. Wilson, 2002, examines the gender discrimination in the public sector in Britain. Wilson looks at both the situations at work and at home and how men and women deal with gender equality. The book is different from McKinnon's work which speaks about sexual discrimination as a form of sexual harassment as it discusses more on situations of discrimination in the public sector.

Bullying in the Workplace: An Occupational Hazard, Helene Richards and Sheila Freeman, 2002 highlights the damage the word bullying, which usually conjures up images of the same at school, can do at workplace both to the individual and the organization.

Introduction to Health and Safety at Work, 2003, Phil Hughes and Ed Ferrett, is a basic introduction to the subject of Occupational Health and Safety giving clear definitions on various concepts related to the subject. On similar lines, the book Occupational Health and Safety Management: A Practical Approach, 2003, Charles. D. Reese, is an extensive work detailing the safety and health hazards which could adversely affect the workplace. Both books have been immensely useful in understanding the basics of occupational health and safety.

Raising Awareness of Psychological Harassment at Work, 2003, by Maria Grazia Cassitto et al, is the result of the implementation of the Global Strategy on Occupational Health for All as agreed upon by the World Health Organization collaborating centres on occupational health. The book aims to raise concerns on the issue of psychological harassment at work, ways it is practised and the consequences it can produce on health and society.

Psychology of Aggression, Violence and Crime, 2005, by Girishbala Mohanty, discusses how aggression, hostility and rage are the root cause of violence and crime. The book dwells separately on gender discrimination, violence and violence against women. It also highlights how gender discrimination and gender norms form the basis for violence being perpetuated against women at their workplace in India.

Violence at Work, by Duncan Chappell, Vittorio Di Martino, 2006 is the revised edition which examines the aggressive acts that occurs in workplaces including a model for understanding workplace violence. It offers new information and evidence on the incidence and severity of workplace violence in different countries, identifies occupations and situations at particular risks and details some of the economic and social costs. In most respect the ILO's standing concern for the protection of workers and to provide a safe and healthy work environment is exhibited in this publication of the book.

Handbook of Workplace Violence, E. Kevin Kelloway, Julian Barling and Joseph J. Hurrell, 2006 is an impressive overview on the current perspectives, theories and practices relating to workplace violence with contributions from subject experts and researchers.

Sexual Violence against Women: Penal Law and Human Rights Perspectives, Vandana, 2009, analyses sexual violence against women from a legal and human rights perspective. The book elaborates various critical legal issues related to rape and sexual harassment and the judicial response in each case as exhibited through the decisions of higher judiciary with a focus on the decisions of the Supreme Court of India.

Encyclopaedia of Occupational Health and Safety, 2012, fourth edition by International Labour Organization is an expansive and comprehensive work on the subject of occupational health and safety and its related areas. This important handbook is compiled by the experts on the area. It has been a ready reference on the research area.

The psychological aspects of workplace violence are discussed in the article, Predictors and Outcomes of Workplace Violence and Aggression, 2002, Journal of Applied Psychology, Manon Mireille Le Blanc and E. Kevin Kelloway. It assesses the psychometric properties of an instrument measuring risk for workplace violence.

Men and The Prevention of Gender Based Violence: A Conceptual Framework for Policy Change, 2010, is a discussion paper by Alan Greig et al for the United Nations Asia Pacific Regional Programme that stresses the importance of a coordinated approach at different levels – individuals, communities, institutions and the large policy environment against gender violence.

**CHAPTER – III**

**THE STUDY**

**EVOLUTION OF PROTECTIVE MEASURES FOR WORKING WOMEN BY INTERNATIONAL ORGANIZATIONS**

The issues of violence against women gained momentum at the global level in 1933 when the United Nations adopted the Declaration on the Elimination of Violence Against Women (United Nations, 1993). It gave a concrete definition of violence and violence against women and also termed it as a violation of human rights. India is a signatory of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (UNICEF, 2000) which also guarantees gender equality and non-discrimination, including sexual harassment in the workplace. The organizations such as the International Labour Organization (ILO) and the World Health Organization (WHO) laid the standards and procedures to be followed at the workplace which were adopted and practiced throughout the world.

The concept of Occupational Health and Safety was highlighted with the common definition proposed by both the ILO and WHO in 1950 (ILO Report, 2009). It was based on this definition that countries worldwide adopted certain standards which is incorporated in their national laws and policies related to work. The ILO has so far adopted 182 conventions and 190 recommendations, encompassing subjects such as worker's fundamental rights, worker's protection, social security, labour welfare, occupational safety and health, women and child labour, migrant labour, indigenous and tribal population (Planning Commission Report, 2001). Being a founder member of ILO, India’s approach to International Labour Standards has always been positive. Based on the deliberations of the ILO, the WHO and the Human Rights Declaration of the United Nations, India has evolved legislative and administrative measures for protection and advancement of the interests of the workers in India. India has so far ratified 41 ILO Conventions (GoI, 2010). Among these the notable ones related to women employees are the conventions on night work, on discrimination, on equality of treatment and on unemployment. The ILO Programme on Safety and Health at Work and the Environment, Safe Work (ILO Report, 2005) has primarily been created with an aim to ensure worldwide awareness on the dimensions and consequences of work-related accidents, injuries and diseases.

The United Nations, through the United Nations Development Programme (UNDP) which focuses on gender equality and women’s empowerment, works towards ensuring women have a real voice in all governance institutions from judiciary to the civil service as well as in the public and private sector. This ensures the women's participation on equal footing with men in public dialogue and decision making; and influences the decisions that will determine the future of their families and countries. Through another programme known as UNITE to End Violence Against Women launched in the year 2008, the United Nations joined forces with individuals, civil society and governments to put an end to violence against women in all its forms.

It is evident that the prevalence of international organizations with regard to women and their work related issues has gained prominence only from the early twentieth century. However, the deliberations in these forums have created a marked improvement in the status of women across the world. The countries like India, by being an active participant in many of these forums, have been influenced by its dictates. Since women in India are entering the labour workforce in unprecedented numbers, there is, more than ever before, a pressing need for the rights of women to be respected, protected and fulfilled, particularly in the workplace. In order to understand the position of women in India with respect to their rights, status and the work related issues and rights, an overview of the Pre-Independence period and the subsequent phase in the Post Independence scenario has to be examined.

**STATUS OF WOMEN IN THE PRE- INDEPENDENCE PERIOD**

The status of women in India has undergone a plethora of changes since ancient times. In ancient India, women were treated as equals in the society to their male counterparts. The medieval period and the Islamic invasion witnessed a gradual deterioration in the position of women. Practices such as sati1 , child marriages, ban on widow remarriage and the purdah2 system shoved women to a period of darkness. The women’s movement in India took off in the 1920, building on the 19th century social reform movement. The movement progressed during the period of high nationalism and the freedom struggle, both of which shaped its contours. Women began to play an active part in politics when, in 1917, the first women’s delegation met the Secretary of State to demand women’s political rights supported by the Indian National Congress (INC). The need for education for women was stressed with the All India Women’s Education Conference held in Pune in 1927. Hence, the 1920s and 1930s witnessed the peak of the so-called first feminist3 movement. This was the period when women began to organize and mobilize on issues of social reform and civil and political rights. The British rule in India brought in several reformist movements in the society with leaders like Raja Ram Mohan Roy4 and others fighting against the oppression of women. The reformist movement also paved way for more women entering into the mainstream of the freedom struggle.

**PROTECTIVE MEASURES FOR WORKING: POST INDEPENDENCE SCENARIO**

Independence brought many promises and dreams for women in India – the dream of an egalitarian, just, democratic society in which both men and women would have a voice. The framework of the Indian Constitution enshrined the principles of a sovereign, democratic, secular, republic. The Constitution of India (GoI, 2007) also provides scope for women empowerment and guarantees equality, freedom, opportunity and protection to all. The Constitution of India guaranteed to all Indian women equality (Article 14), no discrimination by the State (Article 15(1)), equality of opportunity (Article 16) and equal pay for equal work (Article 39(d)) (Das, 2011). In addition, it allows special provisions to be made by the State in favour of women and children (Article 15(3)), renounces practices derogatory to the dignity of women (Article 51(A) (e)) and also allowed for provisions to be made by the State for securing just and humane conditions of work and for maternity relief (Article 42).

Over the years the Indian State has enacted general as well as specific provisions for women. For the purpose of this study, the various protective measures evolved for women employees in the public service organizations are discussed under Legislative and Administrative Measures and, Legal Measures. These have been framed using the provisions of the Constitution as the source.

**LEGISLATIVE AND ADMINISTRATIVE MEASURES**

India is a multiparty, federal, parliamentary democracy with a bicameral parliament and an active civil society. The GoI, with the aid of the ministries at the Centre and the State, works towards providing legislative and administrative measures for women. The Ministry of Human Resource Development, Ministry of Personnel and Public Grievances, Ministry of Labour, Ministry of Women and Child Development, Ministry of Social Welfare, Ministry of Law and Justice, and their corresponding departments in the States in India work in cohesion at different levels to develop suitable provisions for women employees in the public service organizations. The Ministry of Labour and Labour Departments of the States and Union Territories aid the GoI in protecting the interests of the working population in India. The Ministry of Women and Child Development is the nodal department on the issue of female employment. A special Women Labour Cell, 1975 functions under the Ministry of Labour to pay special attention to the problems of women labour. In addition to these, the government has laid down several provisions at various intervals for women employees which are in the form of acts, policies, commissions, programmes, schemes and special forums.

**ACTS**

The two most note-worthy among the acts laid down for women working in public service organizations are the Maternity Benefit Act, 1961 and the Equal Remuneration Act, 1976. In order to protect the interests of the women workers in organizations, the Maternity Benefit Act (Swain, 2011) was created in 1961 which provides that women workers are entitled to pay during her maternity leave. The Equal Remuneration Act, 1976 (Edappagath, 2001) is implemented by the Central Government in relation to any employment carried on by or under the authority of the Central Government or a railway administration, or in relation to a banking company, a mine, oil field or major port or any corporation established by or under a Central Act. A Central Advisory Committee has been set up at the Centre under the Act to advise the Government on providing increasing employment opportunities for women and generally reviewing the steps taken for effective implementation of the Act.

Other acts laid down by the government are the Factories Act, 1948 to regulate health, safety and welfare of workers in factories; the Employees State Insurance Act, 1948 amended in 1975, 1984 and 1989, an important measure of social security and health insurance; Minimum Wages Act, 1948, a prime instrument for ensuring adequate income and living standards among workers in general; Contract Labour (Regulation and Abolition) Act, 1970 to protect and safeguard the interests of contract workers.

**POLICIES**

The National Policy for the Empowerment of Women (Report on Working Group on Empowerment of Women, 2006) was passed in 2001 by the Department of Women and Child Development in the Ministry of Human Resource Development (HRD). The main objective of this policy was to bring about advancement, development and empowerment of women. The announcement of the National Policy on Safety, Health and Environment at Work Place, 2009 (GoI, 2010) was also a step towards improvement in safety, health and environment at workplace performance.

**PLANS**

The all round development of women has been one of the focal points of planning process in India. The Planning Commission of India has incorporated various provisions for women employees and with regard to their safety and health at workplace (Prathapan, 2009).

In India, the Five Year Plans from the first plan to the fifth plan concentrated more on welfare issues for women in general. It was only from the Sixth Five Year Plan that concrete measures were taken for the development of women.

* First Five Year Plan (1951-56) envisaged a number of welfare measures for women. Establishment of the Central Social Welfare Board, organization of Mahila Mandals and the Community Development Programmes were a few steps in this direction.
* Second Five Year Plan (1956-61) acknowledged the fact that the empowerment of women was closely linked with the overall approach of intensive agricultural development programmes.
* Third and Fourth Five Year Plans (1961-66 and 1969-74) supported female education as a major welfare measure.
* Fifth Five Year Plan (1974-1979) emphasized training of women, who were in need of income and protection. This plan coincided with International Women's Decade and the submission of Report of the Committee on the Status of Women in India. In 1976, Women's Welfare and Development Bureau was set up under the Ministry of Social Welfare.
* Sixth Five Year Plan (1980-1985) brought about the issues of women and their development through employment opportunities.
* Seventh Five Year Plan (1986-1991) emphasised on the issues of women's health in the development of the country.
* Eighth Five Year Plan (1992-1997) stressed on bringing women into the mainstream of development and policy directions.
* Ninth Five Year Plan (1997-2002) highlights that women's concerns would be placed on the developmental agenda.
* Tenth Five Year Plan (2002-2007) initiated various measures and they are; National Plan of Action to operationalize the Women’s Empowerment Policy; National Policy and 71 Charter for Children; National Commission for Children to ensure protection of their rights; National Nutrition Mission; Pilot project for providing food-grains to undernourished pregnant and lactating mothers and to adolescent girls.
* Eleventh Five Year Plan (2007-2012) for the first time recognized women not just as equal citizens but as agents of economic and social growth. The Plan laid emphasis on ensuring the enactment of the bill to prevent workplace sexual harassment. The Plan was to ensure that it would foster women's access to legal services through a range of measures. The Eleventh Five Year Plan has sought to make all the national policies and programmes gender sensitive right from the inception to the formulation stages.

**COMMISSIONS**

The women in public service organizations have been protected by way of few commissions both at the Centre and State levels which are:

Union Public Service Commission: The commission was set up in 1950 under Article 315 of the Indian Constitution. The chief duties of the commission were recruitment to services, through examinations and interviews, to deal with appointments, promotions and transfers, to handle disciplinary cases and other miscellaneous functions such as pensions and legal benefits.

**National Commission for Women (1990):**

The National Commission for Women (National Commission for Women Act, 1990) was set up as a statutory body in 1992 under the National Commission for Women Act, 1990. The main objectives of the Commission were:

* To review the Constitutional and legal safeguards for women;
* To recommend remedial legislative measures,
* To facilitate redressal of grievances, and to advise the Government on all policy matters affecting women. The key activities of the Commission are given below:
* Generation of legal awareness among women, thus equipping them with the knowledge of their legal rights and with a capacity to use these rights.
* Assisting women in redressal of their grievances through Pre-litigation services.
* Facilitating speedy delivery of justice to women by organizing Parivarik Mahila Lok Adalats7 in different parts of the country.
* Review of the existing provisions of the Constitution and other laws affecting women and recommending amendments thereto, any lacunae, inadequacies or short comings in such legislation.
* Organizing promotional activities to mobilize women and get information about their status and recommend paradigm shift in the empowerment of women.
* Investigate and examine all matters relating to the safeguards provided for women under the Constitution and other laws.
* Review, from time to time, the exiting provisions of the Constitution and other laws affecting women.
* Take up cases of violation of the provisions of the Constitution and of other laws.
* Look into complaints and take suo moto notice of matters.
* Deprivation of women's rights.
* Special studies or investigations into specific problems or situations arising out of discrimination and atrocities against women.
* Undertake promotional and educational research so as to suggest ways of ensuring due representation of women in all spheres and identify factors responsible for impeding their advancement.
* Advice on the planning process of socio-economic development of women.
* Evaluate the progress of the development of women under the Union and any State.
* Inspect or cause to be inspected in a jail, remand home, women's institution or other place of custody where women are kept as prisoners or otherwise and take up with the concerned authorities for remedial action, if found necessary.
* Fund litigation involving issues affecting a large body of women.

**Women Employment in India**

Women labour and their exploitation were found since historical times in India. When we see the ancient history and some literary works it was proved that women are more engaged as Dosis it is the primary source of employment in those days. Later in agrarian societies women are engaged in agricultural operations along with the man. Apart from agricultural operations women are engaged in household works, looking after the children, rearing livestock, woven clothes and allied agricultural operations, but her work is not countable in those days even though she is also one of the indirect source of economic development. With the march of civilisation, the impact of social changes and developmental efforts benefit the women to come out from the vicious circle of family responsibilities and paved the way for women employment from family to factories. India has made rapid strides in the sphere of women’s employment in the last few decades, which could mainly attributed to the increase in the opportunities for their education. This in turn has brought about a significant change in the attitude of men and women towards women’s education and employment. Reasons that have prompted women to enter into employment outside the home are complex and it is generally believed that the socio-cultural changes play an important role in creating a situation in which women would like to seek employment. However, the other factors influencing women’s employment cannot be ignored.

**Operational definitions**

**Health**

World Health Organization (WHO) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Boruchovitch and Mednick 2002; Callahan 1973; WHO 2017). The WHO definition of health is not solely concentrated on the physical health, but also focused on mental and social soundness (Amzat and Razum 2014). The WHO definition was formulated in 1948 and was groundbreaking then, as it overcame the negative notions regarding the definition of health, such as the mere absence of disease (Huber et al. 2011). However, the WHO definition was also not out of criticism. Most criticism of the WHO definition of health concerns the absoluteness of the word "complete" in relation to well-being, that by definition categorise almost everyone unhealthy most of the time (Huber et al. 2011). Huber et al. (2011) further expressed their concerns that the definition was not adapted since its implementation where the "demography or populations and the nature of disease have changed considerably. Thereupon the definition should be updated with the present state. Huber et al. (2011) proposed changing the emphasis towards the ability to adapt and self-manage in the face of social, physical, and emotional challenges as chronic diseases are rising. In the present study, health has been perceived as the protection of physical, mental and social well-being of the female garment workers from any illness due to any materials, processes or procedures in the workplace.

**Safety**

"Safety is the protection of people from physical injury" (Alhajeri 2011). It can also be defined as the condition of being safe from undergoing physical hurt, injury, or loss. Safety in the workplace, on the other hand, means the state of having an environment free from injury and hazards. The present study conceived safety as a state for the female garment workers that is free from any situation that can cause or pose any injury and hazards, for instance, hurt, injury or loss.

**PROBLEMS THAT WILL HINDERS THE PERFORMANCE OF THE WOMEN EMPLOYEES IN THE ORGANIZATION**

**Sexual Harassment**

The working women are prone to sexual harassment irrespective of their status, personal characteristics and the types of their employment. They face sexual harassment on way on transports, at working places, educational institutions, and hospitals, at home and even in police stations when they go to file complaints. It is shocking that the law protectors are violating and outraging modesty of women. Public transport system is overcrowded and women become easy targets for physical harassment. Most of the women tend to be concentrated in the poor service jobs whereas men are in an immediate supervisory position, which gives them an opportunity to exploit their subordinate women. It is a difficult situation for woman if the higher officer demands sexual favours. If refused the boss takes out other means to make her life miserable. There have been several cases of sexual harassment recently involving even the senior women officials. If a woman is praised for her work or promoted on merit, her colleagues do not hesitate to attribute it to sexual favours. This psychological pressure can easily lead to a woman resigning from her job.

In most cases of sexual abuse go unreported because of the trauma and the social stigma attached to it. In the recent past, various guidelines, resolutions have been made to broaden the definition of sexual exploitation. There must be gender equality which includes protection from harassment and right to work with dignity. Sexual harassment of a female at the place of work is incompatible with her dignity and needs to be eliminated. Appropriate steps must be taken by employers or persons in charge of workplaces, public or private sector, to ensure safe working atmosphere for women. Appropriate work conditions must be provided in respect of work, health and hygiene to further ensure that there is no hostile environment towards women at workplaces. If we want to see a society free of sexual harassment, there is need of changing the mindset of the society. Simply enacting laws is not sufficient. So, the political structure should be altered to achieve the goal.

**No basic facility:**

In most of the company where women workers are working no basic facilities like wash room, toilets, rest room etc. In these condition women workers are working means where we can see improvement in the performance of the women employees.

**Dangerous machine** :

In lab our law its clearly states that women employees are prohibited to work in the dangerous machines but with a shortages of employees in the name of the recession women employees are exploited to work with a dangerous machines. It sometimes result they may lose their life also.

**Workplace Adjustment**

Adjusting to the workplace culture, whether in a new company or not, can be intensely stressful. Making oneself adapt to the various aspects of workplace culture such as communication patterns of the boss as well as the co-workers, can be lesson of life. Maladjustments to workplace cultures may lead to subtle conflicts with colleagues or even with superiors. In many cases office politics or gossips can be major stress inducers.

**Job insecurity**

Unrealistic expectations, especially in the time of corporate reorganizations, which sometimes puts unhealthy and unreasonable pressures on the employee, can be a tremendous source of stress and suffering. Increased workload extremely long work hours and intense pressures to perform at peak levels all the time for the same pay, can actually leave an employee physically and emotionally drained. Excessive travel and too much time away from family also contribute to an employee’s stressors.

**Discrimination in salary**

However, Indian women still face blatant discrimination at their workplaces. They are often deprived of promotions and growth opportunities at work places but this doesn’t apply to all working women. A majority of working women continue to be denied their right to equal pay, under the Equal Remuneration Act, 1976 and are underpaid in comparison to their male colleagues. This is usually the case in factories and labor-oriented industries.

**Family Problems:** Work life balance is the one of the major problem of the women workers to work efficiently in the company. They have to manage the family and company, this makes some times women employees have to fall under stress and it will reduce their competency in their performance.

**No child care:**

In the industry they have to make separate arrangement to take care of their kids. But most of the company they do not have the crèches in the organization to look after the employees kids when they are going for work. This makes them they have to stop their working and they have to only take care of the employees in the organization.

Other reasons

There many other reasons like age, level of education, marital status, number of children, personal income and number of jobs currently had they work for pay; and situation characteristics like job tenure, size of employing organization, hours worked per week. Presently women workers are improved and promote in their workplace and in technological work. Trade Union should try to improve the conditions for woman’s workers in many parts for example maternity leave is easily give to women and help the woman for achieve higher post actually women’s nature is promotion to gain high quality in every field but if the condition is not ready then the reduction of promotion and optimization in work will be occur and etc. Women workers are often subject to sexual harassment then the Government should put strict rules for these types of crimes, also public transport system sometimes danger for woman and Government should put more Inspection. Traditionally people think that men should only work and gain money and women should work as house hold, but The financial demands on the Indian families are increasing that’s why women also should company in gaining income for families. Therefore a fundamental change is required in attitudes of employees, family members and public.

A woman plays so many roles as daughter, wife, mother etc. She works whole day and never complains. Her tasks and challenges have increased and hardened multifold now when she is super multi-tasking; juggling between career, travelling, kitchen, kids, husband, house, society, personal health, passion and desires. Balancing between so many duties and obligations, a woman faces numerous challenges and problems every day, every time, and may be every second minute or second.

**CHAPTER – IV**

**DATA ANALYSIS AND INTERPRETATION**

**TABLE NO 4.1**

**AGE WISE CLASSIFICATION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of respondents** | **Percentage** |
| Below 25 | 15 | 30 |
| 25-35 | 18 | 36 |
| 35-45 | 10 | 20 |
| Above 45 | 7 | 14 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 36% of the respondents comes under the age group of 25-35, 30% comes under below 25, 20 % comes under 35-45 and 14% of the respondents comes under the age of above 45.

**TABLE NO 4.2**

**RELIGION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No of respondents** | **Percentage** |
| Muslim | 13 | 26 |
| Hindu | 17 | 34 |
| Christian | 12 | 24 |
| Others | 8 | 16 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that shows that 34% of the respondents are belongs to the region of Hindu, 26% are Muslims, 24% are Christians and 16% of the respondents belongs to other regions.

**TABLE NO 4.3**

**EDUCATIONAL QUALIFICATION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No of respondents** | **Percentage** |
| Graduate | 14 | 28 |
| Intermediate | 12 | 24 |
| High school | 11 | 22 |
| Primary | 9 | 18 |
| Illiterate | 4 | 8 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 28% of the respondents are graduates, 24% are intermediates, 22% of them have an educational qualification of high school, 18% are completed primary education and 8% of the respondents are illiterates.

**TABLE NO 4.4**

**MARITAL STATUS**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Single | 13 | 26 |
| Married | 21 | 42 |
| Separated | 11 | 22 |
| Widow | 5 | 10 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 42% of the respondents are married, 26% are singles, 22% are separated and 10% of the respondents are widow.

**TABLE NO 4.5**

**LIVING STATUS**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Alone | 14 | 28 |
| Family/ relatives | 20 | 40 |
| Friends/co-workers | 9 | 18 |
| Others | 7 | 14 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table and chart shows that 40% of the respondents are living with family/ relatives, 28% are living alone, 18% are living friends/co-workers and 14% are living with others.

**TABLE NO 4.6**

**YEARS OF WORKING**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Less than 1 | 10 | 20 |
| 1-5 years | 25 | 50 |
| 6 or more | 15 | 30 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 50% of the respondents are working in the organization for 1-5 years, 30% are working for 6 or more years and 20% of them working for less than 1 year.

**TABLE NO 4.7**

**MODE OF TRAVEL TO THE FACTORY**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Bus | 21 | 42 |
| Cycle rickshaw | 12 | 24 |
| Walking | 6 | 12 |
| Others | 11 | 22 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 42% of the respondents are travelling to the factory through bus, 24% are travelling through cycle rickshaw, 22% are depending other vehicles and 12% of the respondents are travelling by walking.

**TABLE NO 4.8**

**FREQUENCY OF OVERTIME JOB IN THE ORGANIZATION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| 1 day in a week | 9 | 18 |
| 2 – 3 days in a week | 15 | 30 |
| 4 or more days in a week | 18 | 36 |
| Others | 8 | 16 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 36% of the respondents opined that the overtime job in the organization will be 4 or more days in a week, 30% are opined as 2-3 days in a week, 18% opined as 1 day in a week and 16% of the respondents opined as other means.

**TABLE NO 4.9**

**MONTHLY SALARY**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Below 10000 | 5 | 10 |
| 10000 – 15000 | 15 | 30 |
| 15000 – 20000 | 18 | 36 |
| Above 20000 | 12 | 24 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 36% of the respondents gets a salary of 15000-20000 per month, 30% gets a monthly salary of 10000-15000, 24% gets above 20000 and 10% of the respondents gets a salary of below 10000.

**TABLE NO 4.10**

**SUFFICIENCY OF SALARY TO MEET FAMILY NEEDS**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Yes | 15 | 30 |
| No | 35 | 70 |
| **Total** | **50** | **100** |

**Source: primary data**

**INTERPRETATION**

The above table shows that 70% of the respondents said that the salary they getting is not sufficient to meet the family needs and 30% of them said that the salary is sufficient to meet the family needs.

**TABLE NO 4.11**

**SAVING OF SALARY PORTION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of respondents** | **Percentage** |
| Yes | 33 | 66 |
| No | 17 | 34 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.1**

**SAVING OF SALARY PORTION**

**INTERPRETATION**

The above table shows that 66% of the respondents are saving a portion from salary and 34% are not saving.

**TABLE NO 4.12**

**PROVISION OF INCENTIVE FOR MEDICAL TREATMENT BY THE FACTORY AUTHORITY**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Yes | 31 | 62 |
| No | 19 | 38 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.2**

**PROVISION OF INCENTIVE FOR MEDICAL TREATMENT BY THE FACTORY AUTHORITY**

**INTERPRETATION**

The above table shows that 62% of the respondents said that the factory authority providing incentives for medical treatment and 38% of them said that the factory authority not providing such incentives.

**TABLE NO 4.13**

**GETTING MEDICAL FACILITIES FROM**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Factory medical centre | 10 | 20 |
| Government hospital | 18 | 36 |
| Pharmacy | 5 | 10 |
| Private doctor | 13 | 26 |
| Others | 4 | 8 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.3**

**GETTING MEDICAL FACILITIES FROM**

**INTERPRETATION**

The above table shows that 36% of the respondents opined that the gets medical facilities from government hospitals, 26% opined as from private doctor, 20% opined as from factory medical centre, 10% opined as from pharmacy and 8% of them opined as others.

**TABLE NO 4.14**

**PROVIDING OF HEALTH INSURANCE SCHEMES TO THE EMPLOYEES BY THE ORGANIZATION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Yes | 32 | 64 |
| No | 18 | 36 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.4**

**PROVIDING OF HEALTH INSURANCE SCHEMES TO THE EMPLOYEES BY THE ORGANIZATION**

**INTERPRETATION**

The above table shows that 64% of the respondents said that the organization providing health insurance schemes to the employees and 36% of them said that the organization not providing health insurance schemes.

**TABLE NO 4.15**

**FEELING OF GENDER DISCRIMINATION IN WORKPLACE**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Yes | 12 | 24 |
| No | 38 | 76 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.5**

**FEELING OF GENDER DISCRIMINATION IN WORKPLACE**

**INTERPRETATION**

The above table shows that 76% of the respondents not feeling gender discrimination in workplace and 24% of them are feels.

**TABLE NO 4.16**

**PAYING ADEQUATE ATTENTION TOWARDS WOMEN EMPLOYEE BY THE ORGANIZATION**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Yes | 35 | 70 |
| No | 15 | 30 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.6**

**PAYING ADEQUATE ATTENTION TOWARDS WOMEN EMPLOYEE BY THE ORGANIZATION**

**INTERPRETATION**

The above table shows that 70% of the respondents opined that the organization paying adequate attention towards women employee and 30% of them opined that they do not paying adequate attention towards women employees.

**TABLE NO 4.17**

**PHYSICAL HEALTH ISSUES RELATED TO THE NATURE OF WORK AND WORK ENVIRONMENT**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Eye problem | 7 | 14 |
| Fatigue | 7 | 14 |
| Headache | 16 | 32 |
| Hearing problem | 5 | 10 |
| Hypertension | 13 | 26 |
| Others | 2 | 4 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.7**

**PHYSICAL HEALTH ISSUES RELATED TO THE NATURE OF WORK AND WORK ENVIRONMENT**

**INTERPRETATION**

The above table shows that 32% of the respondents suffering headaches as a physical health issue related to the nature of work and work environment, 26% suffers hypertension, 14% suffers eye problem and fatigue each, 10% suffers hearing problem and 4% of the suffers other physical issues.

**TABLE NO 4.18**

**EXPERIENCED PHYSICAL EFFECTS DUE TO THE NATURE OF WORK AND WORK POSTURE**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Abdominal pain | 5 | 10 |
| Chest pain | 5 | 10 |
| Hand pain | 9 | 18 |
| Lower back pain | 17 | 34 |
| Shoulder pain | 11 | 22 |
| Others | 3 | 6 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.8**

**EXPERIENCED PHYSICAL EFFECTS DUE TO THE NATURE OF WORK AND WORK POSTURE**

**INTERPRETATION**

The above table shows 34% of the respondents experienced lower back pain as a physical effect due to the nature of work and work posture, 22% experienced shoulder pain, 18% experienced hand pain, 10% are experienced abdominal and chest pain each and 6% of them experienced other physical effects.

**TABLE NO 4.19**

**FACED COMMON PSYCHOLOGICAL HEALTH PROBLEMS**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Anxiety | 12 | 24 |
| Depression | 15 | 30 |
| Mood disorder | 10 | 20 |
| Phobia | 8 | 16 |
| Others | 5 | 10 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.9**

**FACED COMMON PSYCHOLOGICAL HEALTH PROBLEMS**

**INTERPRETATION**

The above table shows that 30% of the respondents faced depression as a psychological health problem from the organization, 24% faced anxiety, 20% faced mood disorder, 16% faced phobia and 10% of them faced other psychological health problems.

**TABLE NO 4.20**

**REASONS FOR THE PSYCHOLOGICAL PROBLEM**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Fear of accidents | 13 | 26 |
| Ill-treatment | 8 | 16 |
| Irregularities in salary | 10 | 20 |
| No leisure time | 12 | 24 |
| No recreation | 5 | 10 |
| Others | 2 | 4 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.10**

**REASONS FOR THE PSYCHOLOGICAL PROBLEM**

**INTERPRETATION**

The above table shows that 26% of the respondents opined that fear of accident is the reason behind the psychological problems, 24% opined as no leisure time, 20% opined as irregularities in salary, 16% opined as ill-treatment, 10% opined as no recreation and 4% of them opined other reasons.

**TABLE NO 4.21**

**OPINION ABOUT CURRENT HEALTH ARRANGEMENT IN THE FACTORY**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Excellent | 14 | 28 |
| Good | 25 | 50 |
| Average | 6 | 12 |
| Poor | 5 | 10 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.11**

**OPINION ABOUT CURRENT HEALTH ARRANGEMENT IN THE FACTORY**

**INTERPRETATION**

The above table shows that 50% of the respondents opined that there is a good current health arrangement in the factory, 28% opined as excellent, 12% opined as average and 10% of them opined as poor.

**TABLE NO 4.22**

**SAFETY HAZARDS RELATED TO THE WORK**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Electrical related | 13 | 26 |
| Physical injuries | 20 | 40 |
| Slippery ground | 5 | 10 |
| Stuck by objects | 8 | 16 |
| Others | 4 | 8 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.12**

**SAFETY HAZARDS RELATED TO THE WORK**

**INTERPRETATION**

The above table shows that 40% of the respondents said that physical injuries are the main safety hazard related to the work, 26% said as electrical related hazard, 16% opined as stuck by objects, 10% said as slippery ground and 8% of the respondents said other hazards.

**TABLE NO 4.23**

**EMPLOYEE’S RESPONSIBILITIES TO ENSURE HEALTHY AND SAFETY**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Learning about the risks | 10 | 20 |
| Reporting all hazard situations to authority | 22 | 44 |
| Using safety equipment properly | 12 | 24 |
| Others | 6 | 12 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.13**

**EMPLOYEE’S RESPONSIBILITIES TO ENSURE HEALTHY AND SAFETY**

**INTERPRETATION**

The above table shows that 44% of the respondents opined that reporting all hazard situations to authority is the employee’s responsibility to ensure healthy and safety, 24% of them opined as using safety equipment properly, 20% opined as learning about the risk and 12% of the respondents opined other responsibilities.

**TABLE NO 4.24**

**RESPONSIBILITIES OF THE FACTORY AUTHORITY REGARDING WORKERS MEDICAL FACILITIES**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Providing full-time doctors and nurses | 8 | 16 |
| Providing sufficient first aid box | 24 | 48 |
| To establish a well-equipped medical centre | 14 | 28 |
| Others | 4 | 8 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.14**

**RESPONSIBILITIES OF THE FACTORY AUTHORITY REGARDING WORKERS MEDICAL FACILITIES**

**INTERPRETATION**

The above table shows that 48% of the respondents said that providing sufficient first aid box is the responsibilities of the factory authority regarding workers medical facilities, 28% said as to establish a well-equipped medical centre, 16% are said as providing full-time doctors and nurses and 8% said as others.

**TABLE NO 4.25**

**STEPS TAKEN BY THE GOVERNMENT TO ENSURE HEALTH AND SAFETY OF FEMALE GARMENT WORKERS**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **No. of Respondents** | **Percentage** |
| Ensuring proper salary | 10 | 20 |
| Implementation of health and safety law | 23 | 46 |
| Regular inspection of factories | 14 | 28 |
| Others | 3 | 6 |
| **Total** | **50** | **100** |

**Source: Primary data**

**CHART NO 4.15**

**STEPS TAKEN BY THE GOVERNMENT TO ENSURE HEALTH AND SAFETY OF FEMALE GARMENT WORKERS**

**INTERPRETATION**

The above table shows that 46% of the respondents opined that implementation of health and safety law is the step taken by the government to ensure health and safety of female garment workers, 28% opined as regular inspection of factories, 20% opined as ensuring proper salary and 6% of them opined as other steps taken by the government.

**CHAPTER – V**

**FINDINGS, SUGGESTIONS AND CONCLUSION**

**FINDINGS**

1. 36% of the respondents comes under the age group of 25-35.
2. 34% of the respondents are belongs to the region of Hindu.
3. 28% of the respondents are graduates.
4. 42% of the respondents are married.
5. 40% of the respondents are living with family/ relatives.
6. 50% of the respondents are working in the organization for 1-5 years.
7. 42% of the respondents are travelling to the factory through bus.
8. 36% of the respondents opined that the overtime job in the organization will be 4 or more days in a week.
9. 36% of the respondents gets a salary of 15000-20000 per month.
10. 70% of the respondents said that the salary they getting is not sufficient to meet the family needs.
11. 66% of the respondents are saving a portion from salary.
12. 62% of the respondents said that the factory authority providing incentives for medical treatment.
13. 36% of the respondents opined that the gets medical facilities from government hospitals.
14. 64% of the respondents said that the organization providing health insurance schemes to the employees.
15. 76% of the respondents not feeling gender discrimination in workplace.
16. 70% of the respondents opined that the organization paying adequate attention towards women employee.
17. 32% of the respondents suffering headaches as a physical health issue related to the nature of work and work environment.
18. 34% of the respondents experienced lower back pain as a physical effect due to the nature of work and work posture.
19. 30% of the respondents faced depression as a psychological health problem from the organization.
20. 26% of the respondents opined that fear of accident is the reason behind the psychological problems.
21. 50% of the respondents opined that there is a good current health arrangement in the factory.
22. 40% of the respondents said that physical injuries are the main safety hazard related to the work.
23. 44% of the respondents opined that reporting all hazard situations to authority is the employee’s responsibility to ensure healthy and safety.
24. 48% of the respondents said that providing sufficient first aid box is the responsibilities of the factory authority regarding workers medical facilities.
25. 46% of the respondents opined that implementation of health and safety law is the step taken by the government to ensure health and safety of female garment workers.

**SUGGESTIONS**

* Company has to provide good safety or security to the women employee without discriminating them.
* The system adopted by the firm for providing safety measures must be systematic and proper implementation of the same.
* Women employees should treat with dignity, respect, and provide them equal opportunity in decision making and leadership and promote them to higher position.
* Provision of company transport, hiring of cabs/transport vehicle on a regular basis only from established agencies

**CONCLUSION**

The present study is an attempt to analyses

the importance of safety measures to improve the

performance at workplace of women employees.

Compare to past, now a days the awareness of

women employees on safety and security is good.

The present study is an attempt to analyses the importance of safety measures to improve the performance at workplace of women employees. Compare to past, now a days the awareness of women employees on safety and security is good. It is the responsibility of the organization that, it should provide well and effective physical, environmental and organization safety. Each and every safety measures creates good atmosphere to the women employees. Men and women employees are like twin side of the coin. Both are important in development of the organization, in most of the industries women employee are not given so much importance as men. This paper is developed to create awareness of safety measures and analyze the present status of the women employees.

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* <https://www.researchgate.net/publication/323827213_SAFETY_AND_PERFORMANCE_OF_WOMEN_EMPLOYEES_AT_THE_WORK_PLACE-A_STUDY_WITH_REFERENCE_TO_MANGALORE_CITY>
* https://www.researchgate.net/publication/343686177\_Women\_at\_Work\_Complexities\_of\_Occupational\_Health\_and\_Safety\_Challenges\_in\_a\_Male\_Dominated\_Environment

**APPENDIX**

**QUESTIONNAIRE**

**OCCUPATIONAL HEALTH AND SAFETY OF WOMEN A STUDY ON WORKPLACE VIOLENCE IN PRIVATE ORGANIZATIONS : A STUDY IN KANNUR DISTRICT**

1. Age :

* Below 25
* 25 -35
* 35 – 45
* Above 45

1. Religion:

* a. Muslim
* b. Hindu
* c. Christian
* d. Others

1. Educational qualification:

* a. Graduate
* b. Intermediate
* c. High school
* d. Primary
* e. Illiterate

1. Marital Status:

* a. Single
* b. Married
* c. Separated
* d. Widow

1. With whom do you live?

* a. Alone
* b. Family/ Relatives
* c. Friends/Co-workers
* d. Others

1. For how many years you have been working in the organization?

* Less than 1
* 1 – 5 years
* 6 or more

1. What is the mode of your travel to the factory?

* a. Bus
* b. Cycle rickshaw
* c. Walking
* d. Others ……

1. What is the frequency of overtime job (if any) in the organization?

* 1 – day in a week
* 2 – 3 days in a week
* 4 or more days in a week
* Others …………….

1. What is your monthly salary?

* Below 1000
* 10000 – 15000
* 15000 – 20000
* Above 20000

1. Is your salary sufficient to meet your family needs?

* Yes
* No

1. Do you save any portion of your salary?

* Yes
* No

1. Does the factory authority where you work provides any incentive for medical treatment?

* a. Yes
* b. No

1. Where do you get your medical facilities?

* a. Factory medical centre
* b. Government hospital
* d. Pharmacy
* e. Private doctor
* f. Others …

1. Does your organization provide any health insurance schemes to the employees?

* Yes
* No

1. Do you feel gender discrimination in workplace ?

* Yes
* No

1. Does the organisation pay adequate attention towards women employee?

* Yes
* No

1. What are the physical health issues related to your nature of work and work environment?

* a. Eye problem
* b. Fatigue
* c. Headache
* d. Hearing problem
* e. Hypertension
* f. Others

1. What are the physical effects you experience due to your nature of work and work posture?

* a. Abdominal pain
* b. Chest pain
* c. Hand pain
* d. Lower back pain
* e. Shoulder pain
* f. Others …

1. What are the common psychological health problems you face?

* a. Anxiety
* b. Depression
* c. Mood disorder
* d. Phobia
* e. Others …

1. What are the reasons for the psychological problems?

* a. Fear of accidents
* b. Ill-treatment
* c. Irregularities in salary
* d. No leisure time
* e. No recreation
* f. Others

1. What is your opinion about the current health arrangements in the factory where you work?

* Excellent
* Good
* Average
* Poor

1. What are the safety hazards related to your work?

* a. Electrical related
* b. Physical injuries
* c. Slippery ground
* d. Stuck by objects
* e. Others

1. What are the Employee’s responsibilities to ensure health and safety?

* a. Learning about the risks
* b. Reporting all hazard situations to authority
* c. Using safety equipment properly
* d. Others …

1. What are the responsibilities of the factory authority regarding workers medical facilities?

* a. Providing full-time doctors and nurses
* b. Providing sufficient first aid box
* c. To establish a well-equipped medical centre
* d. Others …

1. What steps should the government take to ensure health and safety of female garment workers?

* a. Ensuring proper salary
* b. Implementation of health and safety law
* c. Regular inspection of factories
* d. Others