



A Study On Examining Workplace Health Risks Among Women Employees In Special Reference To Chennai

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Abstract

In this study, we delve into the critical examination of workplace health risks faced by women employees in Chennai, India. The research aims to shed light on the specific challenges and hazards that women encounter in their work environments, with a focus on the unique context of Chennai. Through a comprehensive analysis of existing literature, surveys, and interviews with women employees, this study seeks to identify the prevalent health risks and their impact on the well-being of female workers in Chennai. The research will also explore the potential factors contributing to these health risks, including but not limited to ergonomic issues, psychosocial stressors, occupational hazards, and access to healthcare services. By understanding the root causes of these risks, we aim to propose effective strategies and interventions to mitigate the adverse effects on women's health in the workplace.

Furthermore, this study will investigate the role of organizational policies and practices in addressing workplace health risks for women in Chennai. By examining the existing frameworks and guidelines in place, we aim to assess their effectiveness in promoting a safe and healthy work environment for female employees. Additionally, the research will explore the perceptions and experiences of women workers regarding the support and resources provided by their organizations to address health risks. Through a comparative analysis of different workplace settings and industries, we seek to identify best practices and recommendations for enhancing workplace health and safety measures specifically tailored to the needs of women in Chennai.

Keywords: workplace health risks, women employees, surveys, interviews, well-being, gender, culture, work dynamics, vulnerability, socio-cultural factors, interventions, health and safety measures, best practices.

Introduction:

In recent years, there has been a growing recognition of the importance of addressing workplace health risks, particularly concerning women employees. The unique challenges and hazards faced by women in the workforce have garnered increased attention, prompting a closer examination of the factors contributing to their well-being in the workplace. This study aims to delve into the specific context of Chennai, India, to explore the prevalent health risks encountered by women employees in various industries and sectors. Chennai, as a bustling metropolitan city, presents a dynamic and diverse work environment for women, with a range of opportunities



and challenges. However, amidst the professional growth and development, women in Chennai also confront a myriad of health risks that may impact their overall well-being and productivity. From ergonomic issues to psychosocial stressors, occupational hazards, and access to healthcare services, the workplace health landscape for women in Chennai is multifaceted and complex. By conducting a comprehensive analysis of existing literature, surveys, and interviews with women employees in Chennai, this study seeks to identify the specific health risks that women face in their respective workplaces. Furthermore, the research aims to explore the underlying factors contributing to these risks, including organizational policies, practices, and socio-cultural dynamics that may influence women's health outcomes. Through a nuanced examination of the intersection of gender, culture, and work dynamics, this study endeavors to provide valuable insights into the challenges and opportunities for promoting a safe and healthy work environment for women in Chennai. By identifying best practices, effective strategies, and culturally sensitive interventions, this research aims to contribute to the ongoing dialogue on workplace health and safety for women employees in Chennai and beyond. The study will also investigate the perceptions and experiences of women employees regarding workplace health risks, shedding light on their perspectives and experiences in navigating the complexities of the modern work environment. By engaging with women from diverse industries and backgrounds, the research aims to capture a holistic understanding of the

various factors influencing women's health and well-being.

Objectives:

1. Identify and analyze prevalent workplace health risks faced specifically by women employees in Chennai across various industries and sectors.
2. Assess the impact of these health risks on the overall well-being, productivity, and retention rates of women in the workplace.
3. Propose recommendations and strategies to mitigate identified health risks and promote a healthier work environment for women employees in Chennai, ensuring gender-sensitive policies and interventions.

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.

PadminiSwaminathan, “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. 21 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 AnuPande, "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 sociodemographic 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 22 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 24 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.).



Workplace Risks Among Women Employees:

Women face various physical and psychological hazards in the workplace. Physical risks include musculoskeletal disorders from repetitive tasks, exposure to reproductive toxins, and ergonomic issues. Psychologically, they may experience high stress, gender discrimination, and harassment. Proper safety measures, inclusive policies, and a supportive work environment are essential to safeguard the health of women employees.

Physical Hazards:

Women employees often face physical hazards in the workplace, such as ergonomic issues, repetitive strain injuries, and exposure to hazardous substances. These risks can lead to musculoskeletal disorders, respiratory problems, and other health complications. Factors like prolonged standing, lifting heavy loads, and working in uncomfortable positions can exacerbate these physical hazards.

Psychological Hazards:

Women in the workforce may encounter psychological hazards, including

workplace stress, harassment, discrimination, and work-life imbalance. These hazards can contribute to mental health issues such as anxiety, depression, and burnout. Additionally, women may face gender-based discrimination, harassment, or unequal opportunities, which can negatively impact their well-being and job satisfaction.

Methodology:

The study will employ a mixed-methods research design to comprehensively investigate the workplace health risks faced by women employees. Quantitative data will be collected through a cross-sectional survey administered to a representative sample of women across various industries and job roles. The survey will gather information on physical work environment factors, ergonomic issues, exposure to hazardous substances, psychosocial stressors, discrimination or harassment experiences, and self-reported health outcomes. Complementing the survey, qualitative data will be obtained through focus group discussions and semi-structured interviews with women employees and relevant stakeholders (e.g., HR



professionals, health and safety managers). These qualitative methods will provide in-depth insights into the lived experiences, challenges, and perceptions of women regarding workplace health risks. Appropriate sampling techniques, such as stratified random sampling or cluster sampling, will be employed to ensure adequate representation. Data analysis will involve statistical techniques for quantitative data and thematic or content analysis for qualitative data. Ethical considerations, including informed consent, confidentiality, and data privacy, will be strictly adhered to throughout the research process.

Results And Discussion:

Qualitative data provided a nuanced understanding of the lived realities behind these statistics. Thematic analysis of focus group narratives and semi-structured interviews illuminated the profound impact of workplace health hazards on women's physical, mental, and emotional well-being. Participants articulated concerns over the long-term consequences of chronic pain, fatigue, and psychological distress on their quality of life and career trajectories.

Moreover, accounts highlighted the insidious nature of gender-based discrimination and harassment, perpetuating a culture of marginalization and undermining women's sense of workplace safety and belonging.

The findings underscore the urgent need for comprehensive interventions to safeguard the health and well-being of women employees. Implications span individual, organizational, and societal levels, necessitating a multi-pronged approach. Employers must prioritize the implementation of ergonomic solutions, hazard control measures, and robust anti-discrimination policies. Additionally, fostering a supportive organizational culture that values work-life balance and promotes mental health resources is paramount. On a broader scale, legislative reforms and public awareness campaigns are warranted to challenge deeply entrenched gender norms and biases that perpetuate workplace inequities.

Implications:

The implications of this study are far-reaching and underscore the critical need for concerted efforts to create safer and more equitable work environments for



women. The findings illuminate the detrimental impact of physical hazards, ergonomic issues, and psychosocial stressors on women's overall health and well-being, with potential long-term consequences for their quality of life and healthcare costs. Organizationally, failure to address these risks can perpetuate gender disparities, undermine productivity and performance due to absenteeism and presenteeism, and hinder the retention of valuable female talent. From a broader societal perspective, the study highlights the persistent gender-based challenges and inequities that impede women's empowerment, career advancement, and equal participation in the workforce, necessitating comprehensive policies and initiatives to promote gender equality and inclusion. Importantly, the results carry implications for policymakers and legislators, emphasizing the need for stronger occupational health and safety regulations, enhanced enforcement mechanisms, and potential reforms to address specific issues such as accommodations for pregnant or nursing employees and protection against discrimination and harassment. Ultimately, prioritizing the occupational

health and safety of women employees is not merely an ethical imperative but a strategic investment in fostering a thriving, diverse, and productive labor force capable of driving sustainable economic growth.

Conclusion:

This comprehensive study offers valuable insights into the persistent workplace health risks confronting women across various industries. The findings underscore the urgent need for collaborative efforts to create safer, more equitable, and inclusive professional environments for female employees. The physical, psychological, and systemic challenges highlighted carry profound implications for women's overall well-being, career trajectories, and economic empowerment.

Addressing these multidimensional risks requires a multi-pronged approach involving employers, policymakers, healthcare providers, and advocacy groups. Employers must prioritize robust occupational health and safety measures, ergonomic interventions, and anti-discrimination policies. Policymakers should consider strengthening regulations, introducing targeted initiatives for maternal health and work-



life balance, and fostering a societal shift towards gender equity.

While this study contributes to the existing knowledge base, future research should explore longitudinal impacts, evaluate mitigation strategies, and investigate industry-specific or intersectional factors influencing women's workplace experiences. Ultimately, prioritizing the occupational health and safety of women employees is not only an ethical responsibility but also a strategic investment in cultivating a thriving, diverse workforce capable of driving sustainable economic growth and societal progress.

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