



WORKSITE HEALTH PROMOTION A HEALTHY STRATEGY FOR FEMALE WORKERS

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ABSTRACT

Throughout the world, women make a vital contribution to industrial output. Over 200 million women are employed across all industry sectors, with half of this number in developing countries. Their work not only sustains their families, but also makes a major contribution to socio-economic progress. Women face many problems which is more than men in workplaces. Women are exposed to various problems like monotony, high demands and limited authority which leads to depression, fatigue, unhealthy patterns, biological and chemical hazards such as infections, musculoskeletal and cardiovascular diseases. Only few nations are collecting information with regard to occupational disorders and illnesses based on gender. Measures should be taken to control occupational hazards to which women workers are exposed. Worksite health promotion programme that embodies a focus on women's health issues and problems can have positive impact for good, not only for women but also for their families, community and the organization.

Key words: Worksite, health promotion, workers, health, safety, occupational injuries, health care, health professionals, family, community, organization

Introduction

World Health Organisation (WHO) has proposed the definition of a healthy workplace as a place where everyone works together to achieve an agreed vision for the health and wellbeing of workers and the surrounding community. It provides all members of the workforce with physical, psychological, social and organisational conditions that protect and promote health

and safety. It enables managers and workers to increase control over their own health and to improve it and to become more energetic, positive and contented **WHO (2009)**. In other words, worksite health is a comprehensive and integrated approach to health which focuses on the general population at a workplace and the organisation as a whole. Its strategies are not limited to a specific health problem, or to a specific set of behaviours but enables people to increase control over and to improve their health. Worksites, where most adults typically spend half or more of their waking hours, have a powerful impact on individuals' health. **Healthy People 2010** included two major worksite-specific objectives. The first is for most employers (75%), regardless of size, to offer a comprehensive employee health promotion program. The second, and related, objective is to have most employees (75%) participating in employer-sponsored health promotion activities. The 1999 National Worksite Health Promotion Survey reveals that employee health promotion programs are becoming more prevalent and more comprehensive. Many employers are also finding it rewarding to take part in larger community-based health promotion coalitions that address priority health issues.

Worksite Health Promotion: Increasing Demand

Worksite health initiatives around the world are growing in number and scope as employers came to realise that addressing employee health and wellness is linked to increased productivity and reduced absenteeism **Bending (2008)**, and that the return on this strategic investment and overall health cost savings are high **Vaughan-Jones (2010)**. The dramatic global increase in chronic Non-Communicable Diseases (NCDs) in recent years is also playing a part in the spread of these initiatives. Between them, the four major NCDs – cardiovascular disease (heart disease and stroke), cancer, Type 2 diabetes and chronic lung disease – account for over 60 percent of deaths in the world, double the number of deaths from all infectious diseases (including HIV/AIDS, TB and malaria), maternal and perinatal conditions, and nutritional deficiencies combined **WHO(2005)**. The majority up to 80 percent of premature deaths from these diseases could be prevented by tackling just three risk factors: poor diet (including the harmful use of alcohol), tobacco use and lack of physical activity. Crucially for employers, 9 million of the 36 million deaths from NCDs each year occur in those aged under 60 (in other words, among the working-age population) **World Health Organisation (2010)**. The cost to the world economy of these diseases over the next 20 years is estimated by the World Health Organisation and Harvard University to be approximately \$30 trillion **World Economic Forum(2011)**. It has been found that Industrial

workers suffer from a high prevalence of risk factors and morbidity due to NCDs. A study of employees and family members in 10 Indian industrial settings has shown the overall prevalence of most NCD risk factors to be high; with 50.9% of men and 51.9% of women being overweight, central obesity observed among 30.9% of men and 32.8% of women, and 40.2% of men and 14.9% of women reporting current tobacco use **Reddy (2006)**. Another study by the Confederation of Indian Industry (CII) revealed that 11.6% employees had the unhealthy habit of consuming tobacco and alcohol for more than 5 years. About 46% of the respondents in the service sector with stress had diabetes, 39% had heart problems, 49% had a history of hypertension and 31% showed symptoms of Chronic Obstructive Pulmonary Disease (COPD). Significantly, women (52.4%) had higher levels of stress than men (40.1%) **Ahuja (2007)**.

Health Promotion Programmes, which are also termed Worksite or Workplace Health Awareness or Health Promotion Programmes promote three basic elements of a healthy workplace. First, a healthy physical environment addresses the health and safety of the employer and employees, for example, ensuring an adequate workplace and clean air. It goes beyond basic health and safety legislation. The physical environment is also influenced by workplace policies that address issues such as ergonomics and special needs of employees with disabilities. Indeed, many Worksite Health Promotion (WHP) programmes are considered a feasible way to reach many individuals and they are shown to positively affect health and increase employee productivity. The largest benefits, however, are most likely reached if individuals with the poorest health participate in the programme, **Jonsdottir et al. (2011)**. Second, a healthy workplace supports healthy lifestyles and encourages positive behavioural changes, for example, with smoking cessation programmes, the introduction of options for healthy food choices and opportunities to become more physically active. An analysis done by **Groeneveld et al. (2011)** on “Lifestyle Intervention” showed that a reduction of smoking and snack intake and an increase in fruit intake can be achieved by an individual-based lifestyle intervention among workers with an elevated risk of cardiovascular disease. Another study by **Kreis et al. (2004)** also showed that work-related programmes can help reduce smoking behavior, control weight, improve the attitude towards nutrition, lower blood cholesterol and increase physical activity. Finally, the last element of a WHP concerns the social environment or culture as experienced by its employees - it deals with the organisation and design of work. All these components constitute a healthy workplace. These are co-coordinated efforts of the employers and employees to improve the health conditions at the work place. The employers have the major role to make these worksite health

promotion programmes successful and fruitful. The ultimate objective of these programmes is to maintain a congenial healthy working environment. Employers are experimenting with different forms of worksite-based programmes aimed at improving the health of their workers. Many employers have become convinced that their organisations can play an important role in reducing health risk factors among employees, which, in turn, will lead to lower health care costs, reduced absenteeism, and improved on-the-job productivity **Goetzel et al. (2008)**.

The workplace is increasingly being used as a setting for health promotion and preventive health activities; not only to prevent occupational injury, but to assess and improve workers' overall health **World Health Organisation (2010)** and **The Bangkok Charter for Health Promotion in a Globalised World (2010)**. Globally, two million people die each year as a result of occupational accidents and work-related illnesses or injuries **International Labour Organisation (2010)**. Another 268 million non-fatal workplace accidents result in an average of three lost workdays per casualty, as well as 160 million new cases of work-related illness each year **International Labour Organisation (2005)**. Additionally, eight percent of the global burden of disease from depression is currently attributed to occupational risks **Prüss-Ustün (2006)**.

Women Workers

Throughout the world, women make a vital contribution to industrial output. Over 200 million women are employed across all industry sectors, with half of this number in developing countries. Their work not only sustains their families, but also makes a major contribution to socio-economic progress. Most women are employed in low-skilled, poorly paid positions , where they are often exposed to health hazards (UNIDO's Task Force on Preparations for the Fourth World Conference on Women) .Women employers belong either from rural or urban culture. Women workers in rural areas are more than urban areas. The labour force participation rate has declined from 37% in 2004-2005 to 29% in 2009-2010. . Women workers who produce the export market and create aboard monetary system are the backbone of their entire national income and also her individual families. Still due to existence of patriarchal society, women are in low level status and wages. **Women in labour market, Geneva, International Labour Office (2010)** . As it is reported that worldwide there are about 40% of the women workers in total population around the world. When comparing with the developing nation women workers were half the number of employers in the developed nation. Yet, women are arrested within the home not allowed in a higher level

and they face decision making problems in their working industry. The survey conducted by European Union (EU) in 2005 with 30,000 workers stated that 23% of men were in higher responsibilities over 15% of women. Intentionally, women's are given low level authority and there are still under prevalence at the workplaces, European **foundation for the improvement of living and working conditions (2007)**.

Women Worker Health

Women are facing problem in balancing their workplace and family even though there have been lots of changes in gender equality. Now a days health is one of the major issue to women. Though there are many schemes available, women have neither the time nor the mind set or facilities to go in for health care. Women face many problems which is more than men at workplaces. Women are exposed to various problems like monotony, high demands and limited authority which have been subjected to depression, fatigue and unhealthy patterns, biological and chemical hazards such as infections, musculoskeletal and cardiovascular diseases due to repetitive movements like static, standing positions ,**Messing et al.(2004)**. It has been found that most women are getting married earlier and forced to work in industry for their well-being of families, economic independency, earn monetary assistance. Within in the age of thirties, women are being affected by all health related problems. Health is a significant factor that leads to the human wellbeing and good economic development **Ariana., et al.(2009)**.For an individual to stay healthy their nutrition dimension plays a major part; physical health and psychological is frequently affected by the existence of malnutrition **Tarozzi.(2012)**. Women face behaviour problems such as diet, proper medical services in order to maintain the health status. Women face life-threatening abortions and possible risk of infertility when they are in low social control **Liyanage , Samaraasinghe (2002)**. Motherhood women are often affected by various life style diseases because they are carrying multiple roles in society such as take care of their homes and provide sufficient nutrition to their children with much proper care. Proper and well-being nutrition is needed for women to engage their daily activities and to prevent from many chronic diseases such as obesity, diabetes and Cardio-Vascular Diseases (CVD), **Birch and Davidson (2001)**. According to the **Australian Bureau of Statistics (2015)** women should take some important nutrition in their daily intake through food. There are three important nutrients essential for every woman in their daily life that consists of calcium, iron and folate. Further, this report studied that three in every four women have deficit intake of calcium and every one out of four women is not having sufficient content of iron intake in their food. Unbalanced

nutritional diet is also responsible for illness like CAD (Coronary artery Disease), High blood pressure, non-insulin-dependent diabetes mellitus (NIDDM) and cancer, **Shetty (2004)**. Nutritional deficiency defects of various types are widely prevailing in the South East Asian countries, **Duggal (2002)**. The nutritional status of women and children in developing countries has drawn the eyes of many researchers and academicians and policy planners . In spite many interests, these population groups continue to sustain from poor nutritional state. **Duggal (2002)**.

In developing nations mostly women workers are highly seen in Export Processing Zones (EPZs) where there is more chance of increasing risk to occupational/productive health problems as EPZs are often called as sweatshops or danger zones because there is no concern of safety, lack of opportunities with respect to healthy living in working places **Botz.(1994)** ,**Romero (1995)**. Various studies have shown that women who were working in EPZ's are affected by severe health problems like continuous, eye-burns, headaches, vomiting, dizziness and muscular-skeletal defects **Frumkin.(1999); Glassman.(2001), Loewenson (1999) Perera & de Alwis (2000)Thorborg.(1991)**. Further, Studies shows that these problems are mainly happened by poor ventilation, fire hazards, noisy surrounding, crowded and lack of sanitation. Apart from that, women also face mental health problems like depression, stress and anxiety when they abuse in the form of verbally, physically and mentally **Botz (1994) International Development Network (1998) Romero (1995), Samarasinghe & Ismail(2000)**. Mostly, Female workers are being affected by many risks at workplaces which led to mental health problems such as stress, anxiety and depression ,**Botz (1994), International Development Network (1998), Romero (1995), Samarasinghe & Ismail(2000)**. In the (EPZ) female workers are facing financial assistance due to their family illness and poverty. Many countries like Malaysia, **Lie and Lund (1994)**, Java ,Indonesia ,**Wolf,(1992)**, Bangladesh ,**Zaman (2001)**, China ,**Zhang.,(1999)** and Mexico **Botz.(1994)** were related based on the changing gender roles and social relation. This shifting of gender roles causes number of work-related and psychological health problems. Those women who are working in EPZ's industries recognise the changes in their bodies from healthy to disease stricken within a few years of factory life.

A report by WHO shows that women workers are having limited access to occupational health services for various reasons. It is estimated that only 5-6 percent of the workers in the developing countries and 20-50 percent in the industrialised world have access to adequate occupational health services **WHO (2002 cited in Kaila,2004a)**. Women workers are more prone to get many of the health concerns. In the present situation when there is a steady

increase in the number of working women various new health concerns are also rising.. Emphasis of work coupled with domestic duty, gestation related problems has taken into major concerns not only on women's physical health, but also affects their mental state too, with many number of women being stricken by common mental defects including depression. Faced with gender based inequality at various stages in their lives many find it hard to adjust with the pressure they experience. Various health disorders have existed in society due to lack of efficient health care services, proper safety, health monitoring devices and awareness of information about health at the work places.

O'Donnell et al. (2002) recognized the root causes for gender inequalities in health, which was crucial in health systems. Health promotion and the disease prevention could be addressed based on these differences among male and female in an equality manner with effective health.

Health promotion programs: a healthy strategy

Ostlin et al. (2006) reviewed the literature and identified a number of factors that contribute to worksite health promotion that might shed an impact on employees. **Breslow et al. (1990)** complemented the health promotion at workplace without disturbing or reallocating the work place risk management. They were mainly focused on proper risk management to achieve the most essential foundation of worksite health promotion programme. Important thing was to consider about the employees towards changing their health behaviour and support the work development. They also confirmed that active participation of workers in worksite health promotion would be the fundamental success towards health awareness programme over a period of time. There must be a universal approach towards the workplace health promotion to accommodate both the organisational and individual factors. Further, revisions required to meet optimal and most successful approach. **Ostlin et al. (2006) and Bellew et al. (2008)** both identified WHO programs and listed out some of the practical issues and guidelines from their studies to achieve successful worksite health promotion programs as followed:

- Support from the senior management
- Worksite health promotion can be combined with occupational health and safety management where the employees can participate and.
- To make sure that there was a good communication in the workplace

In addition, worksite health promotion focuses on organisational changes and measures to provide individual needs, there was a need for interdisciplinary approach to provide wide

range of experts and cover long term measures at work place. **Breslow et al. (1990)** proposed that rapidly growing health services could contain health risk appraisal with communication to find the individual tests. . Furthermore, to maintain the health providing habits. **Engbers et al. (2008)** described the characteristics of effective programs with their abilities to collect the required services, attracts the participants, incorporate multiple ways to reach people use behavioural theory as a foundation and make efforts to measure program impact. Even promising practices were noted, which includes senior management support and the participation in programs. **Engbers et al. (2008)** described the theory of organizational determinants for the effective implementation of comprehensive workspace health promotion programs. This model was adapted from the theory and research implementation for complex innovations to manufacturing, health care setting and education. **Goetzel et al. (2008)** explained about the workplace health promotion program to be considered as a potential purpose in terms of productivity, health improvement and the quality of life (QoL) for the workforce. There are some of the common examples of workplace health promotion activities with different strategies as explained by **Rommens et al. (1989)**.

1. Work-life balance

The work-life balance had ability to provide social support, such as crèche (a nursery, babies and young children are cared during the working day) facilities.

2. Improving and maintaining mental health among working women

To improve and maintaining the mental health for the implementation of participative management, in regard to employee's view and opinions. It also had an ability to provide better health by offering stress reduction training, confidential psychological counselling and relaxation courses.

3. Looking after health

Offering regular health to check and monitor the blood pressure, blood sugar levels, cholesterol etc.

4. Physical activity

To help with the cost of helping physical activities at outside work, this also supported the sports or leisure centre memberships. Organising sports events within the organization and the employees were encouraged to stairs instead of using the elevator.

5. Promoting a healthy lifestyle

Information about alcohol and other drugs and moreover to offer confidential support to the people who were addicted to drugs. It also had the ability to provide the information on

healthy eating and promoting good facilities for changing the advice into certain practices, for example providing healthy canteen and sufficient duration to eat.

Workplace health promotion supports a participatory process to help promote a stronger implementation of occupational and environmental health legislation. To be successful, workplace health promotion has to involve the participation of employees, management and other stakeholders in the implementation of jointly agreed initiatives and should help employers and employees at all levels to increase control over and improve their health, **WHO (2010)** . Therefore , a health promoting worksite can ensure a flexible and dynamic balance between customer expectations and organizational targets on the one hand and employee's skills and health needs on the other, which can assist companies and work organizations to compete in the marketplace. For nations, the development of health promoting worksite will be a pre-requisite for sustainable social and economic development, **WHO (2010)**.

From the above discussion it was found that each workplace health initiative exists in a unique organisational and cultural setting, so lessons learned from elsewhere must be reviewed in the light of the specific risk factors and culture of each workplace, and adapted for local implementation. Inevitably, not all programmes result in positive outcomes, but the evidence suggests how to improve the likelihood of success **Honigberg R. M,(2010)**

- tailor programmes to a corporate setting;
- ensure management commitment and consistent resource support;
- run integrated programmes that represent the diversity of employee needs;
- run programmes where participation is encouraged in a variety of ways; and
- evaluate programmes for return on investment.

Conclusion

It is amply manifest and greatly emphasized that worksite conditions of working women particularly in industries need to pay greater attention as women face a wide range of health and nutrition related problems throughout the life cycle. Women's safety and health problems are frequently ignored or are not accurately reflected in research and data collection. If health promotion policies are to be effective for women, they must be based on more accurate information about the relationship between health and gender roles. Health promotion programmes or policies for working women need to take into account manifold functions of their lives. Measures should be taken to control occupational hazards to which women

workers are exposed. Special action programme should be developed for work related hazards within each occupation, including psycho-social and organisational factors, taking into consideration the physical, mental and social wellbeing of women workers to get better productivity at workplace as well as to enjoy the given work activities to maintain balanced health and attribute wealth to the country. A worksite health promotion programme that embodies a focus on women's health issues and problems and addresses them with appropriate sensitivity and integrity can have an important positive impact for good, not only for the women in the workforce, but also for their families, the community and, most important, the organization. In developing countries, there is no survey report has been generated for causalities in industries till now. Only few nations are collecting information's with regard to occupational disorders and illnesses based on gender. So it makes impossible to study how health problems are occurred to both men and women in workplaces. Health problems of working women have received less attention. A society needs to promote awareness programme for women related to social activity and incorporate self-pride, who are working away from home as work involves many risks that affects both physically and emotionally **Romito P., (1994) Razavi S. (2000); Facts on safety at work. Geneva, International Labour Office (2005).**

It is concluded that while some health promotion activities in the workplace tend to focus on a single illness or risk factor (e.g. prevention of heart disease) or on changing personal health practices and behaviours (e.g. smoking, diet, physical activity), there is a growing appreciation that there should be multiple determinants of workers' health. In addition to person-focused interventions, worksite health promotion initiatives should move toward a more comprehensive approach, which acknowledges the combined influence of personal, environmental, organizational, community and societal factors on employee well-being. A health-promoting workplace should recognize that a healthy workforce is essential and integrates policies, systems and practices conducive to health at all levels of the organization. It is not only a series of projects, but is an ongoing process for improving work and health of employees. It should effectively assists employers to adopt appropriate administrative procedures and workers to use safe working practices.

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