

Study of Health Problems of Working Women

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ABSTRACT

The study's main goal is to recognize and comprehend the many issues that face working women in India. The investigation was limited to examining the various causes of the health issues. In society, women hold important positions. Regarding the roles and obligations of men and women in the family, there are deed-based stereotypes. Working women struggle to strike a balance between their personal and professional lives, as well as their health. Their emotional, social, and physical health impacted by this. The aforementioned issue can be resolved if family members, members of society, and planners who seek to advance society come to terms with the fact that women are as important to a nation's growth. The study conducted in the Nainital of India's Uttarakhand state.

Keywords: Working women, Health, Socio-Economic Status, dual burden, Education, Uttarakhand (India).

INTRODUCTION

The best happiness comes from having good health. Only when a person is in good body and mental health can they truly appreciate their life. A healthy body has a healthy brain inside of it. Physical well-being is therefore crucial for mental well-being. The health issues facing working women are the focus of the current research project. Therefore, the social position accorded to women in society has an impact on their health. Indian women's standing is evolving since ancient times. The status of women since antiquity must be studied for this reason. Today's health status is also influenced by women's employment and educational position. The current chapter concentrated on these facets of contemporary women in order to achieve this. It is observed that the bulk of health issues experienced by working women are caused by their conflicting or multiple roles. Due to the role conflict, role ambiguity, and role overload, working women's health is also being impacted.

Since Independence, women have had more options for employment in both organized and unorganized sectors. The trend of educated women seeking lucrative jobs in offices, schools, colleges, etc. is growing. The majority of girls who were working before marriage quit their occupations at their husbands' request, according to studies on the career choices of women. Only when their spouses agreed, could women keep working. However, these viewpoints have also altered in the twenty-first century.

The World Health Organization defines health as a condition of whole physical, mental, and social well-being rather than only the absence of sickness or incapacity. The development and well-being of the entire family is impacted both directly and indirectly by the working woman's health. As a result, working women's health is crucial to the overall and balanced development of the family, society, and nation. The health of working women in the nation is currently unsatisfactory, and any government objective includes providing proper nutrition for working women in society. So, in 2000, the United Nations Population Fund established eight millennium targets, one of which is focused on the health of women. By 2015, this coalition of 189 nations wants to see health and equality for women.

Due to economic necessity, two incomes in a household—both the husband and wife contributing to the family income—have been essential since globalization.

This process has been expedited by rapid urbanization, the breakdown of the joint family arrangement, and growing living costs. The working women now have the issue of balancing the responsibilities of a wife, mother, and career woman. Women must perform a dual function. Women need to perform their responsibilities at home and at work in order to live harmoniously. The work is doubled as a result. The dual role that working women are expected to play frequently leads to disarray in the marital status. Housewives frequently receive little attention since their profession is considered unproductive.

Women make up 25.6% of the labour force, compared to men's 57.95%. (Census of India, 2001). In 2001, women made up just 17.2% of the workforce in the organized sector. Women make up a far smaller percentage of the paid workforce than do men. The undervaluation of women's labour, both paid and unpaid, productive and reproductive, is

a long-standing issue. Role stress and role overload are two frequent issues faced by married women who work full-time.

The Hindu Marriage Act (1955) forbids polygamy and child marriage and grants women equal status in all spheres. The Hindu Succession Act (1956) gives women the right to inherit their parents' property. The Dowry Prohibition Act (1961) forbids the payment of dowries during marriage. The Indecent Representation of Women (Prevention) Act (1986) forbids the vulgar representation of women. UNESCO's initiatives and the International Women's Year commemoration in 1975 both raised awareness of women's issues.

Women who pursue higher education are granted a variety of incentives, including free tuition, scholarships, financing options, hostel accommodations, etc.

Today, many female students pursue higher education by taking advantage of the new chances. For instance, the proportion of female students enrolled in higher education was 10.9% in 1950–51; this number rose to 32.0% in 1992. In fact, the National Educational Policy of 1986 supported the empowerment of women via education.

REVIEW OF LITERATURE

Human Capital Theory

Better health is highly instrumental and necessary to improve the productive capacity of the population. In short, human capital theorists argue that a healthy population is productive population. Further human capital is concerned with the wholesome adoption of the policies of health and development. The human capital theory emphasizes the need for policy makers to allocate significant resources to the expansion of health care system.

Vishwa Kumar (1991), in his study "Health Status and Privileged", highlighted poverty, hunger, malnutrition and low health levels. Low level of nutrition and low economic status, employment status are the major factors affecting health. The disadvantages of social services and socially economically backward classes and the possibility of lower conditions and diseases in health are increased. In India, 2400 calories per day in rural regions and 2100 calories per day in urban areas were the factors that determined poverty. Along with economic issues, studies have demonstrated that gender discrimination, child labor, child prostitution, starvation, and environmental degradation are all significant determinants of human health.

Kapoor and Patel (1996) studied women's health problems in "Listening and Talking with Women on Health". Indian women's health is more affected by social cultural factors. With the increase in education, there is an increase in women's health awareness. Indian women have worked to change the stereotypes affecting female health in the modern era.

Rajasekhar and Sasikala (2013) written a paper "An Impact of Stress Management on Employed Women" published in Language in India. Women today are in a state of transition, stuck between the challenge of realizing their potential outside of traditional roles on the one hand and the false safety of those roles on the other. Women must strike a delicate balance between their responsibilities at home and at work, as well as their obligations to others and to themselves.

M. Tamil Ratan (2016), in his book 'Medical Sociology', has analyzed social attitudes through in-depth study of skills, design and treatment and stated that medical sociology is a critical study of society's attitude in healthy and health decisions. The study of health and health issues from the perspective of human welfare is the book's main focus. This book's twenty chapters provide in-depth information about medical sociology. In-depth research has been done on medical facilities and their expansion in India.

Subha. J.R (2019), reported in his study "Health status and problems of working women in women Hostels in Madurai city" the physical health status of working women should be ensured. It is a responsibility of all the stakeholders to ensure the healthy life of women

Aims

The purpose of this research is to determine the factors influencing **Health problems of Working Women**. The study will analyze how the demographic factors like education, gender and income play an important role in the health of working women in Nainital region.

Methodology

This study has a descriptive focus. The study employed a cross-sectional research design since it allowed the researcher to collect information about the whole population being studied while only requiring a single encounter with respondents. This study used a survey methodology to collect insightful data on the many factors influencing Nainital

(Uttarakhand) locals' perceptions of the health issues faced by working women. Purposive sampling is employed to gather the primary data. Using a carefully constructed questionnaire, primary data is gathered. Secondary data for the study was acquired from articles in journals, magazines, newspapers, and other publications as well as material on websites.

This study is carried out in Nainital because it has a diverse population and can be used to draw conclusions about the health issues faced by working women. The survey was distributed to 50 individuals in total. The confidentiality, informed consent, and use of no deception ethical principles for social research were followed when conducting this study. There is a small sample size for this study. People from other parts of Uttarakhand could act differently. People's views are mutable and subject to change over time as a result of modifications in laws, rules, and other causes

RESULTS

Table 1. Age of the Respondents

Particulars	Working women	
	F	%
Below 25 Years	10	20
26 to 35 Years	19	38
36 to 45 Years	15	30
More than 45 Years	06	12
Total	50	100

As shown above, age of the respondents revealed that 19 (38.0%) are between 26 to 35 years followed by, 15 (30.0%) are between 36 to 45 years, 10 (20.0%) are of below 25 years, and the remaining 06 (12.0%) are of more than 45 years.

It is summarized from the collected data on the age of the respondents that majority of the respondents are of middle aged and generally, they do not have serious health problems due to their young age.

Table 2. Department of Working

Particulars	F	%
Education	19	38
Domestic/ Household Work	08	16
Banks/ Insurance	02	04
Agricultural Labour, Seasonal Employment	17	34
Any Other	04	08
Total	50	100

19 people (38.0%) are employed in the education sector, 17 people (34.0%) are engaged in agricultural labour or seasonal work, and 8 people (16.0%) are engaged in domestic or household work. 04 people (8%) are employed by other departments. And 02 (4%) people work in the banking and insurance industries. Compared to other departments, the education sector has a higher percentage of female engagement.

Table 3. Distance of Work Place from Residence

Particulars	Working women	
	F	%
Less than 05 Km	06	12.0
06 to 10 Km	13	26.0
11 to 25 Km	21	42.0
More than 25 Km	10	20.0
Total	50	100

Working women were asked about the distance between their place of employment and their home, and 21 (42.0%) responded that it is between 11 and 25 km, followed by 13 (26.0%) who said it is between 6 and 10 km, 10 (20.0%) who said it is more than 25 km, and the remaining 6 (12.0%) who said it is less than 05 km, respectively.

Table 4. Future of Girls Depends on

Particulars	Working women	
	F	%
Education of Girls	24	48.0
Employment of Girls	15	30.0
Husband/ Husband's Family	06	12.0
Income/ Wealth	05	10.0
Any Other	--	--
Total	50	100

It should be noted that several respondents listed multiple prospects for girls' futures. Particularly among respondents who work in the organized sector, 24 (48.0%) said that education is important for girls' future, 15 (30.0%) said that employment is important for girls' future, 6 (12.0%) said that their husbands and their families are important for their future, and 5 (10.0%) said that their wealth and income were important for their future.

Table.5. Effects and Problems of Dual Role of Working Women

Particulars	Working women	
	F	%
Lack of Care to Family Members	13	26.0
Frequent Conflicts & Quarrels in Family	11	22.0
Poor Health/Illness	12	24.0
Mental Illness, Stress, Anxiety, etc.	10	20.0
Any Other	04	08.0
Total	50	100

Many of the respondents who work in both the organized and unorganized sectors have mentioned multiple implications and issues related to working women's dual roles. 13 (26.0%) people have said there is a lack of care for family members, 11 (22.0%) have said there are often fights and arguments within the family, 12 (24.0%) have said there are issues with health and illness, 10 (20.0%) have said there are issues with mental illness, stress, and anxiety, etc., and 4 (8.0%) have said there are other issues.

Table 6 Frequency of Visit to Hospitals

Particulars	Working women	
	F	%
Weekly	02	4.0
Monthly	12	20.0
Occasionally or whenever there is health problem	28	56.0
Never Visit	08	16.0
Total	50	100

As expressed by all the respondents covered under the study, a great majority that is 28 (56.0%) are visiting to the hospitals occasionally followed by, 08 (16.0%) never visit to the hospitals, 12 (20.0%) are visiting to the hospitals monthly and the remaining 02 (4.0%) are visiting to the hospitals weekly respectively. It shows that the respondents are not taking care of their health fully as majority are visiting to the hospitals whenever there is health problem rather than going for regular medical check-up frequently.

Table 7. Reasons for Not Proper Care.

Particulars	Working women	
	F	%
Busy in Work	23	46.0
Lack of Time	07	14.0
Poverty, Negligence	05	10.0
Any Other	10	20.0
Not Applicable	05	10.0
Total	50	100

Of the total respondents, 23 (46.0%) have expressed that they were busy in family and outside work, 07 (14.0%) have stated that they have not found time to take proper care, 05 (10.0%) have stated that there is poverty and negligence, 10(20.0%) have other reasons and Remaining 05 (10.0%) of the respondents, it is not applicable as they have taken proper care

Table 8. Problems at Work Place

Particulars	Working women	
	F	%
Work Overload	23	46.0
Mental Tensions& Harassment from Superiors	15	30.0
Pollution, Unhealthy Atmosphere,Unsafe & Insecurity	07	14.0
None	05	10.0
Total	50	100

According to the issues that all of the respondents face at work, there are 23 (46.0%) people who have too much work to do, 15 (30.0%) who experience mental stress and harassment from their employers and superiors, 7 (14.0%) who work in an unsafe or unsanitary environment, and only 05 (10.0%) who have no such issues. It should be highlighted that the vast majority of respondents report one or more work place issues, which could harm working women's physical or mental health.

Table 9. Health Promotion Activities

Particulars	Working women	
	F	%
Yoga/Meditation	14	28.0
Physical Exercise/ Visiting Gym	05	10.0
Control in Food and Diet	03	6.0
Active Participation in Sports	02	4.0
None	26	52.0
Total	50	100

The health promotion activities of all the respondents show that 14 (28.0%) are involved in yoga and meditation, 05 (10.0%) are involved in physical activity and going to the gym, 03 (6.0%) are involved in controlling their food and diet habits, and 02 (4.0%) are actively involved in sports. However, the vast majority of the respondents, 26, or 26(52.0%), are not involved in any health promotion activities.

CONCLUSION

To sum up, the current research investigation showed that working women's health and wellbeing are negatively impacted by outside work. According to the working women, psychological issues are particularly prevalent, and as a result, these issues are also affecting the working women's physical health. Surprisingly, a large number of employers don't care about the health issues that their female employees are experiencing as a result of the unfavorable working conditions in their workplace.

Therefore, it is crucial for employers to develop the workplace infrastructure in order to support and uphold the good health and well-being of the organization's female employees. It is crucial that the government take action to improve the health of working women and implement the required legislation requiring employers to offer health care to their staff.

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