



A CROSS SECTIONAL STUDY ON HEALTH STATUS OF WORKING AND NON-WORKING MARRIED WOMEN IN A KALABURGI DISTRICT, KARNATAKA STATE, INDIA.

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ABSTRACT **BACKGROUND:** The proportion of working women in urban areas has increased from 11.9% in 2001 to 15.4% in 2011 it clearly indicates working women are increasing from year to year and the factors keeping women at home or non-working are social customs and very low education levels among women
AIM AND OBJECTIVES: To study and compare the demographic and socio-economic health status of working and non-working married women and compare the health status of working and non-working married women
METHODS: The study consisted of 100 working and 100 non-working married women. The working mothers were various post holders in different private and government organizations. Non-working women were only housewives/house makers. Data was analyzed using appropriate statistical test like chi-square-test to compare the working and non-working women health status. $P < 0.05$ is significant level of the study.
RESULTS: The result showed that non-working women have more health problems as compared to their working women counterparts. However factors like family type, education, monthly income, number of children, and age appeared to be associated with the participants.
CONCLUSION: Further the results indicated that women working as managers and lawyers were more depressed than teachers, lecturers self-employed and doctors.

KEYWORDS : Health, Working and Non-Working Women, House makers.

1. Introduction:

Nearly 400 million people live in cities in India and during the next 40 years that number will more than double¹. Not only is the proportion of India's total female population that is economically active is among the lowest in the world, but urban areas do even worse. Data from the 2011 census shows only half as many urban women work as their rural counterparts.

According to India's National Sample Survey, the proportion of working women in urban areas has increased from 11.9% in 2001 to 15.4% in 2011. According to Verick, the two main factors keeping women at home are social customs and very low education levels among women. "In India, there is a U-shaped relationship between education and participation of women in the workforce," Verick said. "Illiterates participate more out of necessity². Women with a middle-level education (below graduate) have different aspirations and can afford to remain out of the workforce. Only better educated women have been 'pulled' into the labour force in response to better paid opportunities." The national average is 940 females per 1,000 males, but that drops to 912 for cities with a population larger than 1m. The imbalance is greater still in India's biggest cities, with Delhi at 867 females per 1,000 males and Mumbai at 861.

2. MATERIALS AND METHODS

The present study was carried out in the year 2014-15. The sample comprised of 100 working and 100 non-working women from urban areas of Gulbarga district of Karnataka state. Considering the time and convenience of the researcher randomly few wards are selected from the urban area, housewives were chosen. Results revealed that both groups differ significantly in health status. The information required for the study was collected with the help of the structured pretested questionnaires. Personal information schedule includes age, caste, education, type of family and size of the family health problems, health status of the working and non-working women.

3. RESULTS:

Working women health status is better than nonworking women. Overall health status was also significantly better in working women compare to nonworking women. No significant differences were found between working- and nonworking women in tests of age, education income and type of family and health problems ($P > 0.05$) but in religion it is significant ($P < 0.05$). Psychological problems with working and non-working women found to be highly significant ($P < 0.05$).

4. DISCUSSION:

In our study we found that, there is no significant differences were found between working- and nonworking married women in tests of age, education income and type of family and health problems. The

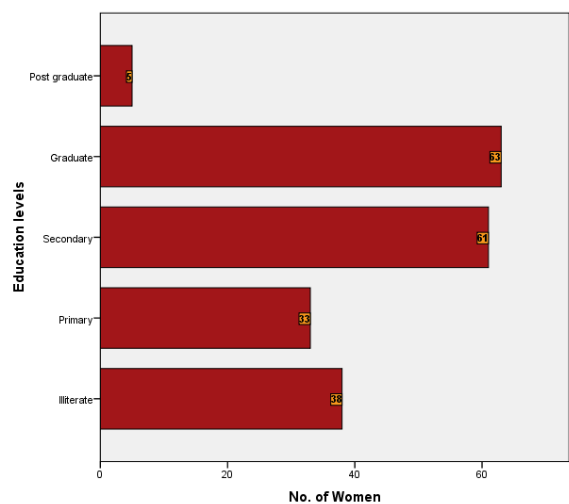
study conducted by Hashmi, Khurshid & Hassan³, quality of life among nonworking and working women using indirect measures like mental health, self-esteem, mother role satisfaction and stress. The result revealed that non-working women had poorer mental health as well as the lower self-esteem as compared to the working women. The nonworking women also reported more depression. The most common stressor reported by the non-working women was poor social life. Similarly, a study done among working and non-working women in Rajkot conducted by Revati et al⁴ showed that non-working woman have a good mental health than the working woman. In the same way Akbari et al⁵ found that life satisfaction of working women were better in comparison to non working women

5. CONCLUSION:

Working women health status is better than nonworking women in terms of pain, fatigue, stiffness, depression, disease specific health status and physical aspects of quality of life, which represent body functions and overall health status. However, they were equally impaired in tests of physical capacity. Moderate pain levels were compatible with work, while severe pain appeared to compromise work. Fatigue was better tolerated, as women scoring severe levels of fatigue worked.

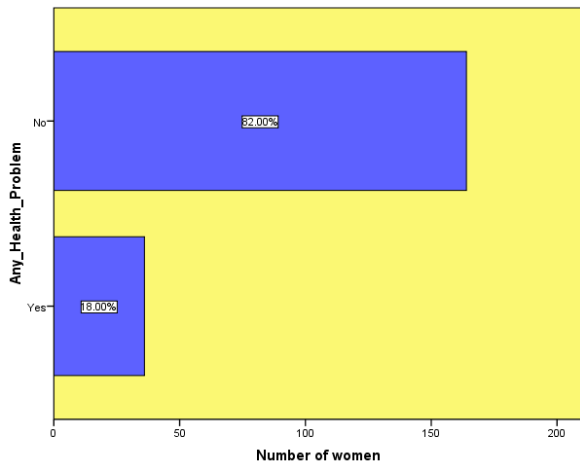
Graph 1.

simple Bar Diagram showing Education levels of women



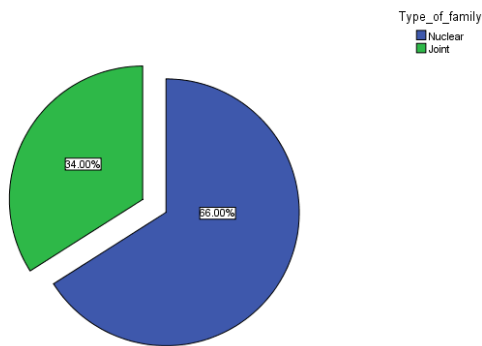
Graph.2

Diagram showing health problems among Working and Non-working women



Graph.3

Pie diagram showing distribution of type of family in working and Non-working women



Graph.4

Diagram showing distribution of age of women

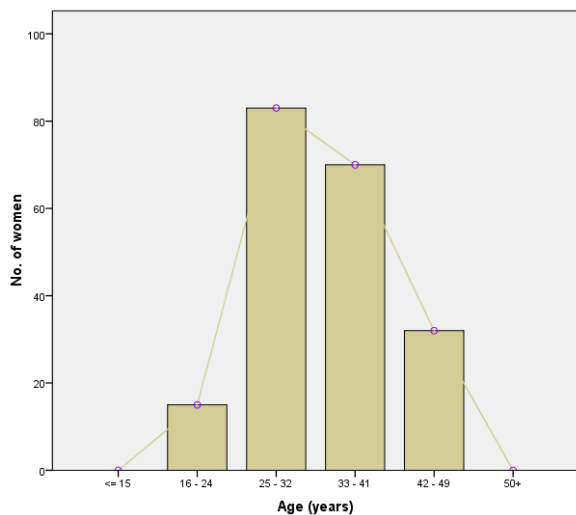


Table 1: Statistical analysis of Non-working and Working women.

Determinants	Non-working women (n=100)	Working women (n=100)	Chi-Square value	P-value
Age				
16 – 24	10	5	1.861	0.602
25 – 32	41	42		
33 – 41	34	36		
42 – 49	15	17		
Education of women				
Illiterate	18	20	1.536	0.820

Primary	17	16		
Secondary	34	27		
Graduate	29	34		
Income of the family				
<= 5000	47	48	0.020	0.887
5001+	53	52		
Religion				
Hindu	92	100	8.33	0.016*
Muslim	7	0		
Others	1	0		
Type of family				
Nuclear	68	64	0.357	0.550
Joint	32	36		
Any Health Problems				
Yes	15	21	1.220	0.269
No	85	79		
Any Psychological problems				
Yes	29	55	13.875	0.000*
No	71	45		
Any Menstrual Problems				
Yes	13	20	1.778	0.182
No	87	80		

*P-value < 0.05 indicates that, statistically significant.

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