



Health: A major issue for working women

Social Science

Sneha Dhobi

Research Scholar, Department of Social Work, Vallabh Vidhyanagar- Gujarat- India.

(Dr.) Ankur Saxena Prof., Faculty of Social Work, M.S. University, Baroda. Gujarat- India.

ABSTRACT

Indian women's much of the traditional work has been carried out within the area of family, to fulfil family members demands, preparing food for family, washing clothes of the family members, rearing of children, helping them in doing study work, taking care of in-laws, looking after the sick member of family, attending social and other religious functions etc. These all task demands great strength from women which affect to their health aspects.

Apart from that now the concept of professional work outside the family is growing faster and it is just because of raised educational level and changed attitude of the society towards the women. Now society has accepted the concept of women empowerment and so that women entered into each and every area of the employment. Side by side when per capita consumption ratio of the family was increased there was an emergency for women to enter into professional earning.

Thus these dual working leads certain positivism like raised women status in society but also leads certain negativism that it spoils to their physical health. It is just because working at both places requires lots of energies and capacity in balancing both places i.e. personal and professional.

KEYWORDS:

Health problems, working women, employment, women's status etc.

Introduction:

The health status of working women depends on their certain factors like societal status, educational level and type of employments etc. Majority of health issues of working women originated from their dual role and work. Even for that our patriarchal society is also responsible factor because in case of illness, the ratio of sick girls who were taken to hospital was low compare to sick boy child who were taken to hospital.

• Health:

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of persons or communities to accept and handle self when facing physical, mental, psychological and social changes. (Huber, 2011)

World Health Organisation (WHO-1948) defined health as "a state of complete physical, mental and social well-being and not merely an absence of diseases or infirmity." (WHO)

• Key determinants of individual's health:

1. Life style:

The combination of personal choices that can be said to contribute to cause, illness or death.

2. Environmental:

All the aspects related to health external to the human body and over which the individual has little or no control.

3. Biomedical:

All matters of health, physical and mental, developed within the human body as influenced by genetic make-up. (Lalonde, 1974)

• Health problems suffered by Indian women:

1. Diabetes, Asthma, Goiter:

The diseases like diabetes, asthma, goiter majority found in urban areas compare to rural areas. Even women suffer more from goiter compare to men in both rural and urban areas. In city areas women suffer more from asthma compare to men. (Sengupta & Jena, 2009).

2. Cancer:

The ratio of cancer is still slow in India compare to other countries but the ratio of breast and cervical cancer is increasing rapidly. It was concluded by National Sample Survey, out of every 1000 women, 33 in urban areas and 39 in rural areas were hospitalised due to cancer. (NSS, 2004). WHO founded that every year 132082 women are diagnosed with cervical cancer and 74118 die from the other diseases. Even cervical cancer ranked the most occurring cancer among women in India.

3. HIV/AIDS:

The spread of HIV infection is not uniform in each state. Mainly six states like Andhra Pradesh, Karnataka, Nagaland, Manipur, Maharashtra and Tamilnadu are high prevalence states. Many factors like migration, violence against women (like trafficking and domestic violence) leads to women at the risk of this disease. (Mitra, 2009)

4. Malnutrition and Anaemia:

Malnutrition is high in Indian women. Women's nutritional levels are low compare to men and the reason is the discrimination in society. It was concluded that 25-30% of Indian women in the age of reproductive and 50% in the third trimester are anaemic. Even in Calcutta 95% of girls aged 6-14 years, in Hyderabad 67%, in New Delhi 73%, in Madras 18% of girls were found anaemic. (Shukla, 2010) This anaemia leads to many other diseases like tuberculosis, fever and reduces energy and affects to immune system.

• Working women's health Status:

The health of Indian women is connected to their status in society. The contribution of Indian women in family is neglected and they are considered as economic burden. There is strong son preference reflected in Indian society and male member from family can easily fulfil their requirements and need compare to female members. All the freedom is with male and female have to be under control of male members. In this condition women faced many physical problems like reproductive health, mal-nutrition, anaemia etc., which remain untreated. The multiple roles of women like child upbringing, domestic work, and paid work leads to damage their health status.

Women's body needs special nutritional food on regular basis. Menstrual cycle, frequent child birth reduces iron and calcium storage of their body. Even vegetarian diet cannot supplement enough sources of iron, calcium and other vitamins etc. And it is custom of each family that female members eat last and they have to compromise with leftover.

Now health is considered the total effect of social, economic and political factors. Same way women's health also includes many factors like family, community, society, density of population, cultural and psychological aspects etc. Apart from that employment and health status of women have positivism also. Because of paid employment women become self-dependent and it affect to their decision making power. It helps them in raising their self-esteem level and ultimately they become able to have enough and nutritious daily food requirements for their own and family members.

Review of literature:

Associated Chamber of Commerce and Industry (2014) have done survey on "Multi-tasking seriously affecting corporate women's health". Balancing between work and home has been always

challenging for working female. The survey concluded that the multi-tasking of working women affected to their health and the main thing is that their age falls between 32 to 58 yrs. The major finding was that 75 percent of the respondents were suffering from one or other health problems. The same problem was found among all levels of seniority and grades. 78 percent of the respondents were having problem regarding lifestyle, chronic and acute diseases. They covered obesity, backache, tension, depression, high cholesterol, and heart and kidney problems. The respondents were also agreed that they have faced problems of fear of job loosing, promotion, degradation, transfer etc. And the main thing was that they didn't take help from doctor. The reason behind denial of doctor help was high fees of hospitals, lack of time etc.

Mishra (2006) the respondents were basically suffered from aches, respiratory problems, fever, skin-eye-ear problems, reproductive health problems etc. because of their living environment which was much congested and polluted. Basically the women who lived in slum area and engaged in paid work faced such problems at high level.

Khan, et al (1990) this study was done at Baroda with both working and non-working women who lived in slum area. The major findings of the study was that women need to spend more hours in their job place to earn much money and after that they have to compulsorily perform their household duties without the help of any family member. This leads to overburden on their physical strength and capacity and ultimately they suffer from many health problems. Even their food was not nutritious enough which makes them mal-nutritious and anaemic.

Methodology:

Here for study researcher has taken 300 working women from Anand District, Gujarat. The respondents were selected by applying stratified random sampling method from two sectors i.e. teaching and nursing. The data collection was completed through interview scheduled method.

Analysis

Table showing respondents (working women) view on whether feeling mentally and physically tired or not?

Particulars	Frequency	Percentage
Strongly Agree	29	9.6
Agree	65	21.7
Undecided	41	13.7
Disagree	93	31
Strongly disagree	72	24
Total	300	100

It can be analysed that 9.6 per cent (n=29) respondents are strongly agree and 21.7per cent (n=65) respondents are agree that they often feel tired, 13.7 per cent (n=41) respondents are undecided that they often feel tired, 31 per cent (n=93) respondents are disagree while 24 per cent (n=72) respondents are strongly disagree that they often feel tired.

Thus it can be concluded that most of the respondents are disagree that they often feel tired.

Conclusion:

It can be concluded that working women are having health problems like more somatic problems, societal dysfunction, angriness, different aches and body pain just because of being overloaded with dual role-responsibilities. Handling job place and family matters, taking care of children, husbands and in-laws in the case of insufficient time for taking rest are major problems of married working women. All these aspects are playing vital role in making them physically ill. Even this workload leads to difficulties in their reproductive health matters.

Recommendation:

- Basically working women use public transport to go to office, try to manage family finance in limited amount and prepare food for their own. Even, they have to attend their children being good mothers. So the availability of transportation should be on easy basis.
- On the other hand, working women belonging to upper-class benefit from facilities available to them such as; personal vehicle plus driver, more than one servant/maid, baby sitter, etc. So it becomes easy to balance both lives. Here if the family cannot manage above facilities but they can support and co-operate the

working women in household duties. So they can keep balance between both duties.

- Future researches must address the psychological issues of married working women.

References:

1. Associated Chamber of Commerce and Industry (2014) "Multi-tasking seriously affecting corporate women's health".<http://m.thehindu.com/news/national/karnataka/75-pc-of-working-women-have-problems-survey/article5764912.ece&ved=0ahUKEwjxj-6RhNvTAhULMo8KHRwqBN8QFggyMAA&usq=AFQjCNF7DIYHomjSy9C-3w06PhfPk9xvag> assessed on 6/5/2017
2. Huber, M. and et al (2011) "How should we define health?", *BMJ*. 343:d4163. doi:10.1136/bmj.d4163. PMID 21791490.
3. Khan, et al (1990) "Work pattern of women and its impact on Health and nutrition: Some observations from urban poor", *The Journal of Family Welfare*, vol: 36, no: 2.
4. Lalonde, M. (1974) "A new perspective on the health of Canadians", Ottawa: Minister of supply and services.
5. Mishra, M (2006) "Gendered vulnerabilities: Women's Health and Access to Health Care in India", Mumbai: CEHAT, 2006.
6. Mitra, K. (2009) "Gender, Poverty & HIV transmission in India", *Gender and Discrimination: Health, Nutritional Status and Women in India*. New Delhi: Oxford University Press, 2009. P.163-184.
7. Sengupta, R. & Jena, N. (2009) "The current trend paradigm and women's health concern in India:" With special reference to the proposed, EU-India Free Trade Agreement, Centre for Trade and Development, Trade and Gender Series, India: Heinrich Boll Stiftung, 2009.
8. Shukla, J. (2010) "Social Determinants of Urban Indian Women's Health Status."
9. World Health Organisation. WHO definition of health, Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June 1946.
10. <https://en.m.wikipedia.org/wiki/Health> assessed on 6/5/2017