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HEALTH STATUS OF WORKING WOMEN: AN OVERVIEW

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ABSTRACT

In the modern period, gender equality is highlighted in society and many of the government schemes are also formed to achieve gender equality at the national level. Globalization and liberalization increased the opportunities for education and employment for Indian women. As such, there is increase in status for working women. Even due to their earnings, they have higher standard of living and economic security. Socially the working women are recognized. But on the other hand, they have working roles both in family as well as in office or workplace. As such, the work burden of working women compared to housewives is increased and there is lack of availability of sufficient time for working women to look after the problems of health. Hence, the present paper is made to assess the health status of working women.

INTRODUCTION

Women's occupational status has been closely associated with the home and family. By taking up employment, they have to play a dual role: housewife and career woman. There is a clear conflict between the society approved status of women as housewives and mother of children on one hand, and their status as more productive workers on the other. Family duties have also imposed restrictions on their role in their employment. For most of them the major role they have to play is that of a wife and mother. The home always revolves around her and she plays the key role in the house. She faces the dilemma of somewhat contradictory role perception. On the other hand she must conform to the traditional ideal person always ready to subjugate her own interest to the happiness of others in the family. She assumes almost a different personality as a member of the personnel in office or factory. Her loyalties, interest and aims differ between one place and the other and it demands two different types of individuals.

Striking changes in the nature of families and the workforce, such as rising numbers of dual career couples and working mothers with young children, have increased the likelihood that both male and female employees have substantial household obligations as well as major work responsibilities (Allen, et al, 2000; Bond, et al,

1998). These fundamental changes have stimulated considerable scholarship related to work and family issues, particularly research on work-family conflict (Allen, et al., 2000; Kennunen and Mauno, 1998). Work family conflict occurs when an individual encounters demands associated with one domain that are incompatible with demands associated with the other domain (Greenhaus and Buetell, 1985). Greenhaus and Beutell (1985) proposed that work family conflict is intensified when either work or family roles are salient and central to the person's self concept. They theorized that the more important a role is to an individual, the more time and energy that person will invest in it, which will allow less time and energy for other roles. Work family conflict has been associated with a number of dysfunctional outcomes, including burnout (Bacharach, et al, 1991), decreased family and occupational well being (Kinnunen and Mauno, 1998), psychological costs and physical complaints (Frone, et al, 1992), and job and life dissatisfaction (Netemeyer, et al, 1996). These findings underscore the importance of understanding the conflict and its sources. Marriage and home making require self negative where as wage necessitates self enhancement for going ahead. The former implies cooperation while the later leads to competition.

Hence, due to the role conflict, working women are suffering from many problems including health problems. The problems of the working women are that they can't give enough attention and care to their children and husband and look after their elders. They have to reserve and maintain their time to their office work as well as family work. While performing her duties in office, women face many of the problems including work overload, stress, anxiety, burn out, fatigue, sexual harassment from the superiors, feeling of insecurity due to lack of safety at work places, etc. Due to their biological weakness, they may face psychological problems and even physical health problems due to work overload. Further, during pregnancy and child birth, it is must for every women to take adequate rest, free from worries, nutritious food, etc, but due to their dual role, working women can't even given enough attention to their health. Hence, compared to housewives, there are more health problems for working women.

Women's health care services are an imperative global health need. However, providing comprehensive women's health services across women's life spans challenges health systems in both developed and developing countries (Raymond et al., 2005). The poor health of Indian women is a concern on both national and individual levels. Indian women, particularly those in the North, fare poorly. The consequences of women's unfavorable status in India include discrimination in the allocation of household resources, such as food and in access to health care and education as well as marriage at young ages.

ROLE OF WORKING WOMEN:

By and large, women were prohibited to take up work outside family in traditional India. Women who took up casual work for wages as labourers were looked down upon as inferior. With the advent of industrialization and urbanization the nature and character of work has undergone a radical change. Work is increasingly becoming more specialized and skilled. A large number of jobs and careers have come up in the field of teaching, administration and electronics which trained and educated women can handle with competency and efficiency. Besides, work in organized sector has relatively become financially secured and remunerative. As a result there are more favorable conditions for women's employment in modern society.

Opportunities for employment in both organized and unorganized sectors for women have widened after Independence. There is an increasing trend among educated women to seek gainful employment in offices, schools, colleges etc. Studies on career choices of girls revealed that most girls employed before marriage, resigned their jobs as per the wishes of their husbands. Women continued in their jobs only when their husbands permitted. But such attitudes were also changed in the twenty-first century.

Role is an expected mode of behavior. An individual occupies many different positions in a variety of organizations and performs multiple roles. Professors may be teachers, researchers, consultants, wives or husbands, community leaders. In organizations, such roles are formally prescribed and other are created by the informal activities of the organization members. There are three types of roles (i) the expected role, (ii) the perceived role and (iii) the actual role. The expected role is what other people expect from an individual. The perceived role is how the individual thinks he or she should behave to fulfil the expected role. The enacted role is the way the person actually behaves in an organization. Thus in the complex stage of modern life, most people play not to one audience but to several, and they act multiple roles simultaneously.

Now more and more women are employed in new avenues of employment and in new occupations. They enjoy more and more opportunities than ever before as individuals, workers, wives and mothers. Their adjustment to social changes is retarded and is generally associated with a high balance between satisfaction and tensions. This is due to the fact that their lives are linked with the existence of the family and the continuation of the race.

PROBLEMS OF WORKING WOMEN:

1. Problems of Overload and Time Budgeting:

Usually, where a women works she also has to keep the kitchen fires burning and the family satisfied. In order to accomplish everything, she must not only budget her time; but she must also be flexible, since she is expected to be available round the clock. Thus she finds herself in a paradoxical situation.

2. Conflicting Expectations of Dual Roles:

Each person identifies oneself with stereotyped gender roles. Behavioural traits like passivity and practicality, found in all members of the human species have become sexual differences. The working wife faces on obvious dilemma. As a mother and wife, she must conform to traditional ideal of a hard working yet a self effacing woman, in readiness to subjugate her on interests to family's happiness. On the other hand, in her occupational role, she must be result oriented, independent, persistent and innovative. The domestic role requires a cooperative attitude as opposed to the competitive spirit demanded by the work world. Thus two polarized personalities need to be combined. Moreover, dilemmas may arise due to conflicts in obligations and attachments, desires and so on related to one's networks or relatives, friends on the one hand and work associated on the other.

3. Problem of Adverse Self-Evaluation:

A dilemma may arise from conflict within oneself about whether one is being a good person in leading a certain type of existence. A working woman may blame herself for neglect of mother's role, wife's role especially if the children develop problems of health, disinterest in studies, unsociable behavior or the husband becomes irritable or tired.

4. Maintenance of Satisfactory Family Relationship:

This is another problematic area for working woman. As goode (1963) Points out, the modern industrial world is the first cultural system to permit woman to occupy independent jobs. Thus woman may have a "better bargaining position within the family system ad increase their say in decision making. This brings about changes in the traditional family role relationships and power structure.

5. Problems of reallocating household tasks and sharing in childcare:

Participation of woman in gainful employment demands upon the husband to get more deeply involved in household chores and raising of children. However, in all societies, women's task has less prestige than those of men. Women thus by taking over "male roles" are moving to higher levels of prestige whereas men are moving to lower levels of work. Thus the new division of labour is harder for the men in the family to adjust to than it is for the woman. The redefinition of responsibilities from segregated, conjugal roles to joint conjugal roles may not be equally shared by men. Moreover, when the respective careers of both husband and wife assume overriding importance to each of them, both would be equally unwilling to make sacrifices and compromises.

6. Role Conflict, Role Ambiguity and Role Overload:

Role conflict may be defined as the incompatible expectations with in and/or between role(s). There are inter-role conflicts and intra-role conflicts. It exists when the expectations of a job are mutually different or opposite and the individual cannot meet one expectations without rejecting the other.

Role ambiguity is defined as the degree to which clear information is lacking regarding expectations associated with a role. Ambiguity occurs when an individual is unclear regarding his job. The potential degree of clarity or ambiguity in a role can be assessed by investigating the availability of relevant information within-the role set. Ambiguity may be aroused regarding various aspects of the role and of the situations surrounding it. The person may be uncertain about who has a legitimate right to influence him or about the limits of his own authority over others. Confusion may center on organizational rules and regulation to his position. The focal person is likely to experience two types of role ambiguity. One concerning to the task and the related activities; the other is concerning the feedback regarding his performance of the task. Role ambiguity was studied in detail by Indian and foreign researchers as an important factor. Role conflict dimensions along with other dimensions such as role overload job satisfaction, job involvement, job stress, number of years service etc.

HEALTH PROBLEMS OF WORKING WOMEN:

The type of work an individual performs is often closely linked to levels of education and can be an influential factor in terms of health outcomes. An adequate income is an important factor in being able to access health care services when these services are not freely provided by the State. Women's lack of education often

leads them to undertake poorly paid work. Accordingly, resulting economic benefits are fewer for women and the lack of economic independence for women has implications for both their social status and their health.

The health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. This son preference, along with high dowry costs for daughters, sometimes results in the mistreatment of daughters. Further, Indian women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands, and finally their while women in India face many serious health concerns, which are grouped into five key issues: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India's 30 states and 5 union territories, it is not surprising that women's health also varies greatly from state to state. All of these factors exert a negative impact on the health status of Indian women.

Health status is no longer considered an outcome solely of lifestyle choices. It is now believed that health is also influenced by social, political and economic factors. The sum-total of these factors are called the determinants of health. The current understanding of women's health has gone beyond singular, individual, biomedical perspectives to include diverse factors such as the family, community, population, psychosocial, and cultural understandings. Social determinants of health also include such factors as education, income, employment, working conditions, environment, health services, and social support (Wuest et al., 2002). Care giving and family responsibilities, economic insecurity and experiences of violence and abuse are common for working women.

Health is socially determined to a considerable extent. Access to healthcare, is almost fully so. This being so, the 'lived experiences' of women in India are replete with potential risk factors that have implications for their lives and well being. The multiple roles of household work, child rearing and paid work that women carry out has implications for their physical and mental health. A study on the impact of work and environment on women's morbidity in a sample population in Mumbai found that cohabiting women with children engaged in paid work had the highest morbidity rates (Madhiwalla and Jesani, 1997), higher than that of either single women or housewives. The types of morbidity experienced by the women included reproductive problems, aches, pain and injuries; weakness, fever, respiratory problems; problems in the gastro intestinal tract; skin, eye and ear problems

and a residual category or 'other' problems. The study also found, quite significantly, that degraded living environment, as in a slum, has deleterious effects on people's health and that the morbidity rates were highest for those adult women with children who were living in slums and were engaged in paid work (Mishra, 2006).

Health risks and concerns change as a working woman ages during her life span. Many are natural consequence of the process of ageing such as low vision/blindness, deafness, loss of mobility and a general inability to care for oneself. In fact, all individuals suffer a weakening of physical and mental capabilities sooner or later. It is also a period characterized by decline in status at home and society, decline in decision making power, decline in social and friendship network, development of a feeling of loneliness and uselessness after retirement, development of a question of living arrangement, and development of economic and/or physical dependence. All these will have an adverse effect on their mental framework. Health seeking behavior and compliance to treatment are significantly influenced by mental health status. Conversely, many physical illnesses can have a mental health impact.

CONCLUSION:

Working women are suffering from the health problems raised due to menopause such as hot flushes, vaginal dryness, bladder infections, hormonal imbalances, stress, etc. A few of the working women are also suffering from health problems of middle age such as lower vision, deafness, dental problems, weakness in mobility, loss of memory, feeling of insecurity, loneliness, etc. Particularly, nearly half of the working women are suffering from different health problems and even a few of them are suffering from more than one type of health problem. The particular health problems of considerable number of working women revealed that there are ophthalmologic, dental, hearing problems, Asthma, Bronchitis, Anemia, Skin Allergy, Diabetes, Arthritis, etc.

Due to outside work, the health and well being of the working women is affected adversely. Particularly, psychological problems are leading as expressed by the working women and thereby these problems are also causing the physical health conditions of the working women. Surprisingly, many of the employers are not concern about the health problems of their women employees, which due to poor working conditions in their organization. Hence, it is essential on the part of the employers to build up the infrastructure in the work places, so that it can promote and maintain good health and well being of the women employees in the organization. It is essential the Government should intervene into the health conditions of working women and must pass necessary legislations to provide health care facilities to their employees by the employers.

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