Health and Well Being of Working Women: A Socio-psychological Study

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Abstract:
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. As such, there is role conflict faced by working women. The role conflict and dual role of working women has resulted stress, tension, anxiety, obesity, etc and consequently, working women are facing frequent ill health, both psychological and physical. The women working in unorganized sector have more physical health problems and women working in organized sector have more psychological health problems due to role conflict, dual role and stress. Hence, there is need to look into the causes of stress and ill health and also to provide suggestions to cope with stress and ill health caused by dual role and role conflict.

Keywords: Health, Well Being, Working Women, Socio-psychological.

1. Introduction:
The globalization and especially technological transformation opened the door for the women new opportunities towards their work life. Now, women occupied in all the occupations and professions, which were occupied by men earlier. Hence, the women engaged as successful professionals as Medical Practitioners, Nurses, Teachers, Lawyers, Bankers, Lecturers, Librarians, Information Technologists, Engineers, etc. But, the women are not like men. Earlier there were the responsibility that the men have to lead the family and work outside for earning and women have to look after the household work and women are biologically proved as weaker sex. But now, the women also working outside like men and looking after the household work. In this way, now-a-days, women are playing a dual role in her office work and house work. Further, a great majority of employed women are playing significant role in unorganized sector and only few women are playing significant role in organized sector of employment.

Women’s health has been a largely neglected area for very long, with some documentation being done on the subject only recently. The deeper one digs, the more complicated it seems. The easy way out is to define health or illness in bio-medical terms - even today most health-related professionals are taught that women’s health is a matter of nutrition or perhaps poor hygiene or bad obstetric practices. But a closer look reveals that this is inadequate to explain the myriad factors in women’s lives that influence each other and in turn affect the health.

Health is an area of special concern in the context of gender inequalities. Health is an area of special concern in this context. While gender based health indicators have shown improvement over the past, the achievements are still far from optimal. While life expectancy has improved from 58.1 in 1990 to 65.3 in 2001, this seems to be the only indicator which is better than that of men. Infant Mortality Rate (IMR) for women is 65 to 62 for men; the sex ratio is still 933 as per the Census of India 2001 (Sengupta and Jena, 2009) and it is 973 as per the Census of India 2011 in Karnataka.

Gender refers to the socially and culturally defined differences between men and women (sex being the biological difference). It includes the different roles that are ascribed to the two sexes, the expected behaviors and also includes the differential power and control vested in each sex. Nominally gender does not indicate a hierarchy but in actual practice men and women do not have equal access and control over various kinds of resources and a strict hierarchy exists between the two. This hierarchy is clearly evident in Indian society. Women are expected to eat only after the men of the house have eaten, girls are provided fewer years of formal education, women are expected to stay at home and there are strict rules even about visiting the natal home. It would be a mistake to surmise that these differences will automatically reduce over time. While gender roles, expectations and behaviours do change over time the assumption that the difference in hierarchy reduces is somewhat naïve, witness the increase in female foeticide especially among developed states like Punjab, Haryana and Gujarat (Kriti, 2006). The subordinate status of women in society deeply influences their health status. Even though working women in organized and unorganized sector are playing significant role in earning for family as well as part of national income, they have many problems such as career related problems, social problems such as domestic violence, health problems such as psychological distress due to role conflict, mental stress, tension, anxiety, physical health problems such as Anemia, arthritis, etc.

The Working women are constantly facing the problems of role conflict or dual role. 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. Due to role conflict, there are reports of psychological distress, mental tension, anxiety, etc, which affect the psychological well being of working women. Further, there is also lack of care to the husband, elders and children and as such, it may also affect the mental state of working women.

2. Review of Literature:
To find out the research gap, few of the secondary literature was searched and reviewed chronologically as under.

- Mehrotra (2004) published a paper “Women, Disability and Social Support in Rural Haryana” in ‘Economic & Political Weekly’. Women with disabilities in India face double discrimination due to prevalence of traditional gender roles and expectations. This paper explores the nature and form of disability affecting the individual and social life of women in rural Haryana, both in terms of physical and mental parameters. It describes community and family strategies in supporting disabled women in negotiating family, work, economy and society. It also highlights the social effects of physical disability on various stages of their life cycle, explored through life histories of women belonging to different age groups and those belonging to different castes.

- Preeti Singh and Anu Pandey (2005) published a paper “Women in Call Centres” in ‘Economic & Political Weekly’. This study looks at aspects of employment of women in call centres in India, based on a survey of 100 women employees. It examines the recent phenomenon of women working in night shifts, as well as the impact of call centre employment on women’s health, family life and decision-making powers. The study finds a direct and adverse effect of night shift employment on the health of women. But there is also a greater acceptance of such ‘non-traditional’ jobs by families across a larger segment of society.

- Anandhi (2007) written “Women, Work and Abortion: A Case Study from Tamil Nadu” in ‘Economic & Political Weekly’. Most of the micro-level studies on abortion reach a misleading conclusion that abortions are non-traditional and specific to.micro-level studies. The study conducted in four villages of Kancheepuram district of Tamil Nadu contradicts this orthodoxy and opens up spaces for looking at the question of reproductive rights anew. Women in the study villages consider abortion as a necessity to negotiate the harsh realities in their work places and deal with domestic violence and different social conditions and beliefs.

- Kaila (2007) published “Women Managers in Indian Organizations” in ‘Journal of the Indian Academy of Applied Psychology’ and presented qualitative study of 140 female managers interviewed in 81 organizations in order to review trend of problems faced by women managers, the ways in which the problems affect them, and the coping strategies used by them to overcome their problems. In-depth personal interviews were conducted with the help of a structured questionnaire using open-ended questions. The narratives of managers have provided a broad base in understanding managerial life and profession of women. The implications are underlined for better organizational health and performance.

- Jinky Leilanie Lu (2011) published an article “Occupational Health and Safety of Women Workers: Viewed in the Light of Labor Regulations” in ‘Journal of International Women’s Studies’. This article is an analytic and discursive review of data and studies about women workers in the manufacturing sector in the Philippines in the light of labor regulations. The analyses focus on the following: occupational health and safety, health and safety programs, provision of facilities at work, and labor issues pertaining to women workers. Policy and advocacy work implications are recommended based on the discursive analysis.

According to Muhammad Shaooah, et al (2011) as stated in their paper “Occupational Risk Factors Associated with Reproductive Health of Working Women: A Case Study of University of Gujrat” published in ‘Academic Research International’, the occupational risk factors are those factors which directly or indirectly influence the health and performance of the workers. Present study aims at understanding the association between occupational risk factors and reproductive health of married working women in University of Gujrat (UoG), Pakistan. In Pakistan the opportunities for working women is not appreciable as compared to developed countries. Women are mostly secluded from such opportunities. So in this study researchers try to highlight the importance of the issue in the context of the Pakistan and more specifically working women in UoG. For the present study 110 married working women were sampled form University of Gujrat through simple random sampling by using sample size determinant formula. The results showed that there is a positive association between occupational risk factors and reproductive health of married working women.

- Ashok Kumar and Sundar (2012) published a paper “Problems Faced by Women Executives Working in Public Sector Banks in Puducherry” in ‘International Journal of Marketing, Financial Services & Management Research’. India is a country with diverse traditions and customs. In all the religions, women hold a venerable position. Unfortunately, since ages, the role of women was confined to household chores and limited to domestic issues. In the male-dominated Indian society, women suffered to extreme levels of exploitation. Some factors – like death of bread winner, sudden fall in family income or inadequate family income – forced women to seek employment in informal sector (small trader, artisan or field laborer on a family farm) but yet, that did not result in women empowerment. The participation of women as workers and women’s education was negligible. Indian women is distinct from their western counterparts in that they do not shed their conventional roles as mothers and housewives. Women are mostly secluded from such opportunities. So in this study researchers try to highlight the importance of the issue in the context of the Pakistan and more specifically working women in UoG. For the present study 110 married working women were sampled form University of Gujrat through simple random sampling by using sample size determinant formula. The results showed that there is a positive association between occupational risk factors and reproductive health of married working women.

3. Statement of the Problem:
As discussed above, working women even though are secured economically, there is lack of care and negligence of their health due to lack of time at different ages. Due to
outside work, they have psychological problems such as anxiety, work overload, stress, burn out, fatigue, etc. During pre-natal period, even women can’t able to take adequate rest, nutritious food, free from worries, etc due to their outside work. In this way, the health status of working women is neglected and hence, the present study is made to assess the same under the title “Health and Well Being of Working Women: A Socio-psychological Study in Hyderabad-Karnataka Region”.

4. Significance of the Study:
In the modern period, gender equality is highlighted in society and many of the welfare 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 both office as well as family. Hence, working women are increasingly facing the problems of health. In this way, their health is neglected, even though socio-economic status and equality is achieved in the society. Hence, the present study is proved significant to assess the health status and well being of working women in both organized sector and unorganized sector.

5. Objectives of the Study:
The study is proposed:
1. To study on the working conditions of women in their workplaces, that may create the ill health of the working women;
2. To know whether the working women are conscious about their health and well being and whether they are going for regular medical check-up;
3. To study the health problems of working women derived from menstrual periods, menopause, ageing, etc.
4. To find out the particular health problems, both psychological as well as physical health problems of working women;
5. To study whether the employers are providing adequate health care facilities at work places; and
6. To look into the facilities and services availed by working women during pregnancy and child birth.

6. Hypotheses:
Following hypotheses are formulated for the present study.
1. Education level of Women working in Organized Sector is high compared to Education of Women working in Unorganized Sector.
2. Working women even though working equally outside, still Gender equality is not attained in Family.
3. Majority of working women occasionally or even never visits to Hospitals and Health Centres for Health Check-up.
4. Work places or offices in which majority of the women are working are not safe and affects their Health.
5. Almost Working Women have availed all the services of Health Centres and Hospitals during the Pre-natal care.

7. Research Methodology:
Secondary literature such as books, research papers, journal articles, web sites, etc will be collected and statistical reports should be studied to collect the secondary data. The secondary data will be used to write the theoretical background on the work and family roles of working women and consequent health problems. The study will be mainly based on primary data collected from working women in Hyderabad-Karnataka region, which is recognized as backward under Article 371(J) of the Indian Constitution. It is proposed to collect the primary data through interview schedules from women working in organized sector and unorganized sector. Due to time limitations, it is not possible to survey all working women in six districts of Hyderabad-Karnataka region and hence, suitable sampling will be made covering 600-700 women working in unorganized sector and 600-700 women working in organized sector. The collected primary data will be processed, analyzed and discussed the forms of tables and diagrams, wherever necessary. Based on collected data findings of the study will be derived and suggestions will be given to improve health and well being of working women.

8. Limitations of the Study:
As defined the area in the statement of the problem, Hyderabad-Karnataka region is the scope for the present study and the region is backward in Karnataka. The region constitutes total six districts, namely, Bidar, Gulbarga, Raichur, Bellary, Koppal and Yadigar. It is noted that about more than five lakh women working in both organized and unorganized sectors in these districts. As the geographical territory of Hyderabad-Karnataka region is vast to cover and the population of working women is also more to cover, it is not possible for the researcher to survey all the working women. Due to time limitations, it is not possible to survey all working women in six districts of Hyderabad-Karnataka region and hence, suitable sampling will be made covering 600-700 women working in unorganized sector and 600-700 women working in organized sector. Hence, the present study should be limited to total 1200-1400 working women in Hyderabad-Karnataka region.

9. Research Design:
As discussed above, the proposed research report will be structured into seven chapters as under.

The first chapter will provide brief background information to the research topic. Here research problem will be clearly defined. The significance of the study will be discussed. The need for this research topic will be discussed briefly. The clear aims and objectives will be discussed. The scope and limitations are to be set in this chapter. The hypotheses are stated in the chapter. The details of the research methods used for the present research study are discussed. The first chapter will be written under the title “Introduction to the Study.”

Before conducting the present study, it is necessary to know about the research gap in the studies that are already conducted. Hence, the studies already conducted and published already in the secondary literature such as research papers, books, journals, articles, conference and seminar papers that are published will be reviewed in the second chapter under the title “Review of Literature”.

The study highlights on working women’s health and well being. Hence, it is needed to know about the present
status of health problems faced by working women at their different ages, causes for health problems, problems faced due to outside work and families, etc. To discuss all these aspects, theoretical background of the study will be written as third chapter under the title “Health and Well Being of Women”

Universe or area plays an important role in the status and development of the people. As such it is also applicable to the working women in Hyderabad-Karnataka region. The Hyderabad-Karnataka region is most backward and as such, it got special privileges under Section 371(J) of the Indian Constitution. The fourth chapter planned to cover the area, demography, population, caste groups, literacy, education, employment, occupation, environment, etc of the Hyderabad-Karnataka state under the title “Universe of the Study”.

As the present study is socio-psychological, it is essential to analyze the social and psychological background of the working women and the primary data collected through interview schedules will be analyzed and discussed in fifth chapter under the title “Socio-Psychological Background of Working Women”.

The study is mainly focused on health and well being of working women of all the ages. The primary data collected on the problems faced at work place and families, occupational stress at work place, frequent health problems, health care facilities availed by working women, etc will be presented, analyzed and discussed in fifth chapter under the title “Health Problems and Well Being of Working Women”.

“Findings, Suggestions and Conclusion” Apart from the above stated seven chapters, two appendixes will be given at the end covering Bibliography and Interview Schedule. The research papers, books, Journal articles etc. that are used and relevant to the present study will be listed in appendix-1 under the title ‘Bibliography’. The Interview Schedule used to collect Primary data will be given in appendix-2.

10. References: