

## **An Economic Analysis of Work and Health Status of Working Women in India**

**Mrs. S. Barani\* & Dr. S. Rajarajan\*\***

\*Ph.D., Research Scholar, Department of Economics, Government Arts College (Autonomous),  
Kumbakonam – 612 002  
(Affiliated to Bharathidasan University, Tiruchirappalli-24)

\*\*Research Advisor and Associate Professor, Department of Economics, Government Arts  
College (Autonomous), Kumbakonam – 612 002  
(Affiliated to Bharathidasan University, Tiruchirappalli-24)

**ABSTRACT:** The paper examines the “An Economic Analysis of Health Status of Working Women in India. There is a critical need to re-examine the assumptions existing about women's workload in programmes aimed at reducing work-time and workload of women in India. Women form an significant support of civilization and they are the primary caretakers in each nation of the globe, but still, they undergo more and have poorer health outcomes around the globe. Women in India face serious gender biases and are consequently more likely to experience disadvantages in their lives, especially when it comes to healthcare. Malnutrition, lack of basic sanitization and treatment for diseases all contribute to the dearth of healthcare resources available to women in India The study relies completely on Secondary data regarding the health status of working women in India. Data on working women have been collected from various ministry of health documents of India 14 years from 2001-2002 to 2014-2015 and Seven year from 2012-2013 to 2018 - 2019. Governments, women's group, religious structure, and local polities can also work join together to make sure that the services and information are available to save women's lives.

**KEYWORDS:** Health, Health Care, Gender, Malnutrition and Women Empowerment,

### **Introduction**

Health is an vital part that not only involves to human well-being, but also aids in economic development global. The more significant is that women's' health concerns are various and influenced by various factors like gender disparities, early on marriage, domestic violence and sexual abuse, malnutrition, poverty, illiteracy and access to quality healthcare, which pose a major concern today. Women form an significant column of civilization and they are the primary caretakers in each country of the world, but still, they suffer more and have poorer health outcomes around the world. Women in India countenance heavy gender biases and are consequently more likely to experience disadvantages in their lives, particularly when it comes to healthcare. Malnutrition, lack of basic purification and treatment for diseases all donate to the dearth of healthcare property available to women in India. Here are the significant women's health issues that need to be addressed.

## **Women's Health: Definition**

Any attempt to build or study a discipline should start by defining its basic concepts. As regards women's health there are traditional as well as modern definitions. Traditionally, women's health was thought to include only issues of childbirth and reproductive health, and the early definitions therefore, were based on the biomedical model. Thus, women health was defined as health issues specific to female anatomy and included menstruation, child birth, menopause and breast cancer (Wikipedia, 2008).

## **Status of Indian Working Women**

In India women suffer from low health status and have been marginalized. The pace of marginalization has accelerated with the adoption of structural adjustment programme. Poor health conditions and poor access to health infrastructure have become features of gender disability and deprivation. It has been recommended that the health and nutritional status of Indian working women becoming bad due to the current culture and customary practices in India. Indian working women are usually vulnerable to poor nutrition, particularly during pregnancy and lactation. It has been pointed out that the crash of nutritional status of the mother is additional pervasive than the crash of other factors on birth weight. It has been experiential that the dietary intake of rural pregnant women was lower than the recommended level . Frequently low weight infants are born to mothers with under nutrition and poor health. The incidence of anaemia was found to be maximum among lactating working women followed by pregnant women. Epidemiological studies pointed out that worldwide 50 percent of all pregnant working women are anaemic, and at least 120 million women in less developed countries are underweight. In South Asia, an estimated 60 percent of working women are underweight. Pregnant adolescents, especially who are underweight, are at greater risk of various complications such as obstructed labour and other obstetric complication. Unawareness on health care during pregnancy thus results in negative outcomes for both the mother. Right and proper education to the mothers had a significant influence on their nutritional status and their health.

## **World Health Organization**

World Health Organization results, depression is predictable to be the second main contributor to disease burden by 2019, and with one in every three women worldwide being afflicted by common mental disorders including depression, the mental health of women is a serious issue indeed. Since women in India, face gender based discrimination at every stage of their lives, their psychological well-being becomes a cause for great concern. Though the government is trying its level best by bringing in women-friendly legislations like the Domestic Violence Act or pushing for the Women's Reservation Bill, the ground realities remain vastly unchanged, social apathy being the main reason behind Indian women's current predicament. Dealing with prevailing dichotomies in social norms while trying to carve out a niche for themselves can be quite a daunting task. This can often lead to emotionally explosive situations wherein women start experiencing mental health problems.

## **Statement of the Problem**

The statement of the problem of the study more than 58 per cent of the Indian women in the labor force the work environment should be analyzed when looking at women's entire health. The susceptibility to hazards can be different for men and women. As well, women countenance various workplace health problems than men partly because men and women tend to have various kinds of work. Women normally have more work-related cases of carpal tunnel syndrome, tendonitis, respiratory diseases, infectious diseases, and anxiety and stress disorders. Social, economic, and cultural factors also put women at hazard for wound and sickness. While work environment exposures can affect both male and female reproduction, issues related to reproduction and pregnancy are of particular concern to women.

## **Objectives of the study**

1. To analysis working women in India.
2. To study the problems faced by the working women.
3. To examine health problems of working women in India.
4. To suggest solve the health problems of working women.

## **Methodology**

The study relies completely on Secondary data regarding the health status of working women in India. Data on working women have been collected from various ministry of health documents of India 14 years from 2001-2002 to 2014-2015 and Seven year from 2012-2013 to 2018 - 2019. Considering the title and the objectives of the study secondary data are used in the study. The data has been obtained from the different sources, such Ministry of Health Industries and Public Enterprises, Government of India (ON2279) and Past issues, various publications of Ministry of Health and Family Welfare Reports and World Health Report.

## **Tools of Analysis**

Statistical procedures such as simple descriptive statistics, average, percentage of change, Growth Rate, Compound Annual Growth Rate were employed for the data analysis.

## **Analysis and Discussion**

The below table 1and figure 1 shows that women employment in central public sector enterprises in India from 2012-2013 to 2018-2019. The data were taken from ministry of Heavy industries and public enterprises, Government of India. The public sector working women has been classified in three categories such as Managerial executives, supervisor and workers. The total employees have been increased from 26506 thousands in 2012-2013 to 27026 thousands in 2018-2019.

**Table 1**  
**Women Employment in Central Public Sector Enterprises in India**  
**(2012-2013 to 2018-2019)**

(In 000)

Categories/Year	Managerial/ Executives	Supervisors	Workers	Total
<b>Total Female Employees</b>				
2012-2013	26506	10163	92787	129456
2013-2014	26186	12176	93931	132293
2014-2015	26661	9506	85907	122074
2015-2016	27010	8297	80011	115318
2016-2017	28631	10308	76299	115238
2017-2018	25931	7706	62968	96605
2018-2019	27026	6720	53921	87667
<b>Female Employees As %age of Total</b>				
2012-2013	9.59	7.26	9.42	9.24
2013-2014	9.69	9.43	9.89	9.81
2014-2015	10.08	7.30	9.58	9.45
2015-2016	10.28	7.06	9.96	9.74
2016-2017	10.82	9.87	10.04	10.20
2017-2018	9.77	7.09	8.84	8.89
2018-2019	10.04	6.33	8.22	8.50

**Source:** Ministry of Heavy Industries and Public Enterprises, Govt. of India. (ON2279) & Past Issues.

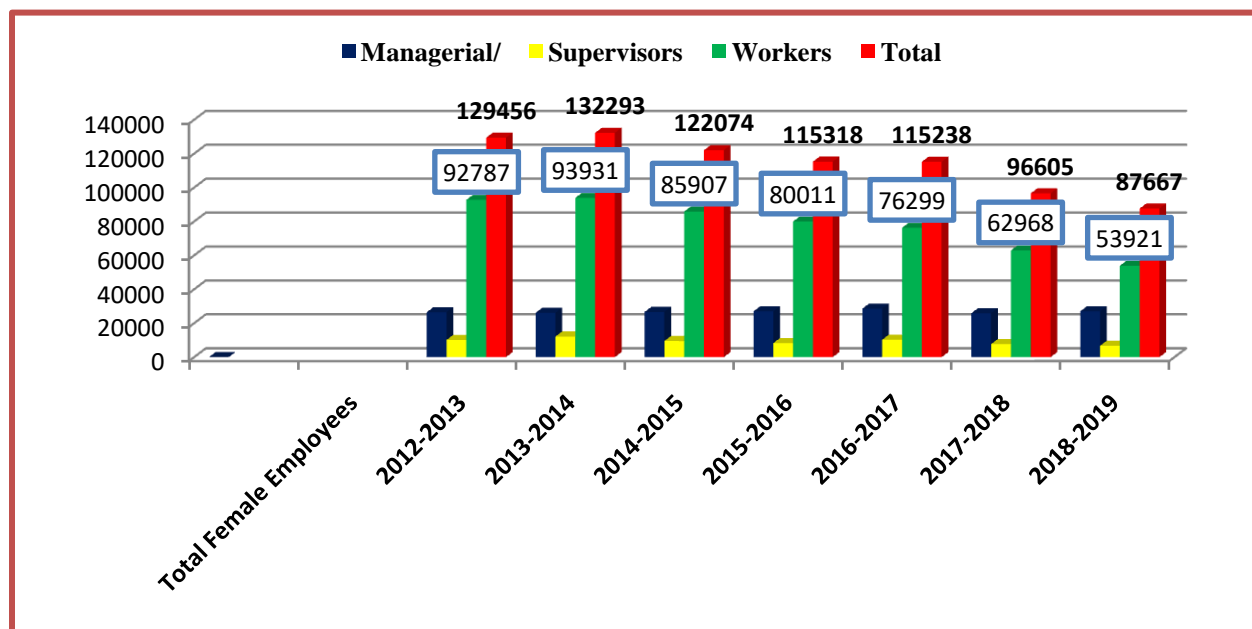
**Table 2**  
**Annual Compound Growth Rate**

<b>CAGR</b>	<b>0.27</b>	<b>-5.7</b>	<b>-7.46</b>	<b>-5.41</b>
<b>Average</b>	<b>26850.14</b>	<b>9268</b>	<b>77974.86</b>	<b>114093</b>
<b>Maximum</b>	<b>28631</b>	<b>12176</b>	<b>93931</b>	<b>132293</b>
<b>Minimum</b>	<b>25931</b>	<b>6720</b>	<b>53921</b>	<b>87667</b>

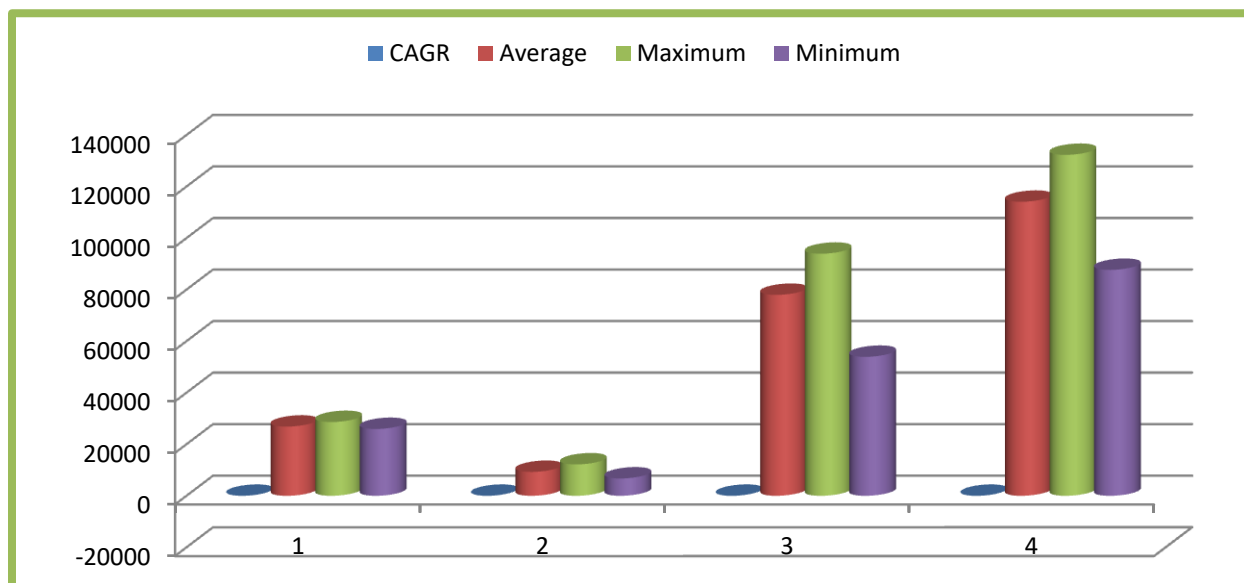
**Source:** Computed by Researcher

The highest employees recorded in 28631 thousands in 2016-2017. The total employees of supervisor has increased with some fluctuating trend 10163 in 2012-2013 to 12176 thousands in 2014-2015 which is decreased next year study period 117487 in 2015-2016 and finally stood at 6720 thousands in 2018-2019 respectively. As far as workers is concerned which also showing fluctuating trend during entire stud period . It increased from 92787 in 2012-2013 to 93931 thousands in 2013-2014, it decreasing trend in 2014-2015 to 2018-2019 respectively. The annual compound growth rate of total women workers is -5.41 and average worker is 114093.

**Figure 1 Women Employment in Central Public Sector Enterprises in India  
 (2012-2013 to 2018-2019)**



**Figure 2 Annual Compound Growth Rate**



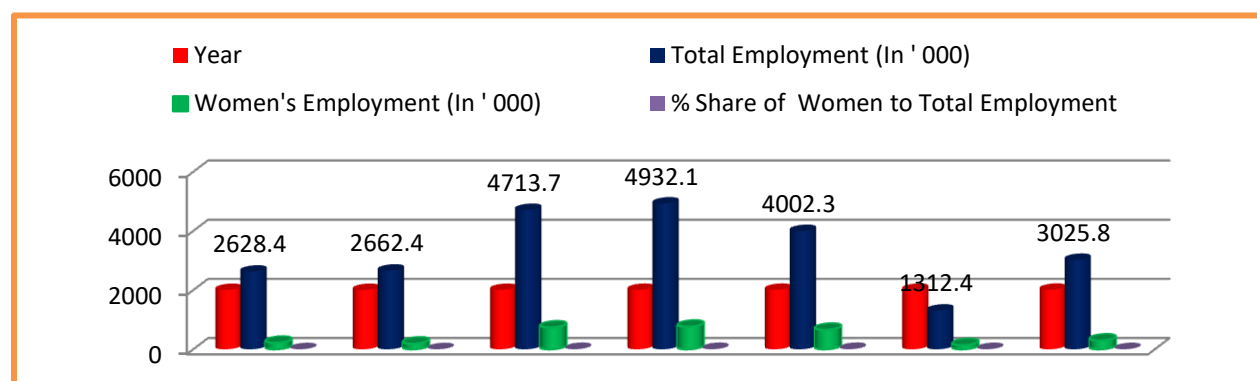
**Table 3**  
**Average Daily Employment of Women in Factories in India**

<b>Year</b>	<b>Total Employment (In ' 000)</b>	<b>Women's Employment (In ' 000)</b>	<b>% Share of Women to Total Employment</b>
2001	3272.1	474.4	14.5
2002	3330.4	542.4	16.3
2003	2139.5	235.6	11.0
2004	3554.0	635.0	17.9
2005	3848.0	640.4	16.6
2006	4373.0	730.7	16.7
2007	3054.0	313.9	10.3
2008	2628.4	220.9	8.4
2009	2662.4	194.0	7.2
2010	4713.7	737.6	15.6
2011	4932.1	764.0	15.5
2012	4002.3	661.0	16.5
2013	1312.4	141.5	10.8
2014	3025.8	297.3	9.8

**Note:** Data for the years 2013 is based on the returns received only 13 states/UTs

**Source:** Ministry of Labour and Employment, Government of India and Past Issues.

**Figure 3**  
**Average Daily Employment of Women in Factories in India**



**Table 4**  
**Annual Compound Growth Rate**

<b>CAGR</b>	<b>-0.57</b>	<b>-3.28</b>	<b>-2.76</b>
<b>Average</b>	3346.29	470.62	13.36
<b>Maximum</b>	4932.1	764	17.9
<b>Minimum</b>	1312.4	141.5	7.2

**Source :** Computed by Researcher

**Table 4**  
**Annual Compound Growth Rate**

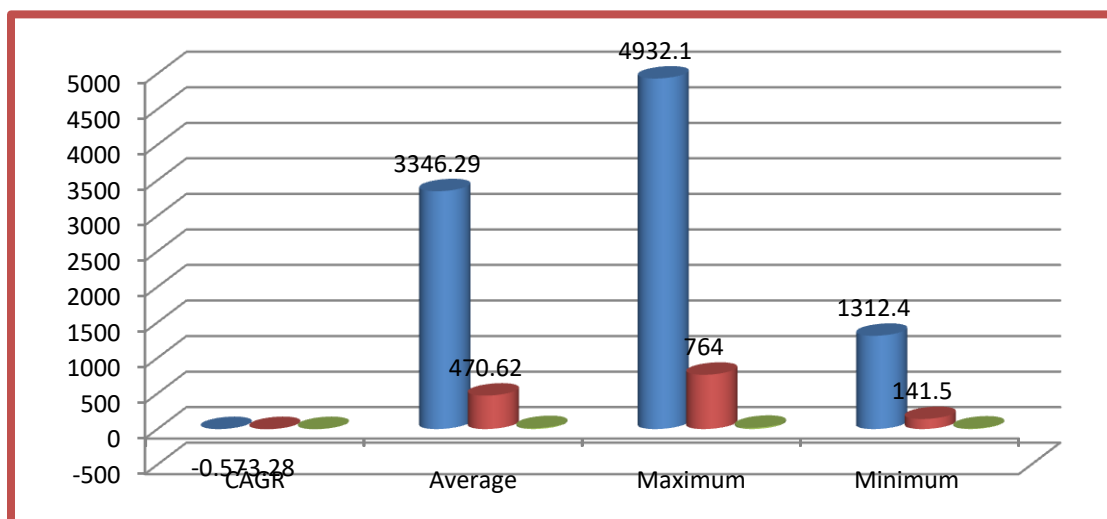


Table and Figure 3 clearly states average daily employment women in factories in India. Total Employment has increased from 3272.1 in 2001 to 3330.4 in 2002, which is decreased next year 2139.5 and again reversed trend to increased 3554.0 in 2004 and finally decreased 3025.8. As far as women employment is concerned 474.4 in 2001 to increased 730.7 in 2006 which again increased 764.0 in 2011 and finally decreased 297.7 in 2014 respectively. The percentage of Share of Women to total employment showing increased and decreasing such as fluctuating trend during whole study period. The maximum percentage change in 2006 (16.7 %) which against lowest percentage of women employment share in 2009 (7.2 %) respectively.

**Table 5 Leading Health Issues among Indian working women**

Sl.No.	Health Problems	Number of Persons (in percentage)
1.	Menstrual Problems	18.8
2.	Vaginal Discharge	10.0
3.	Polycystic Ovary Syndrome	9.0
4.	Breast Pain	6.8
5.	Urinary tract infection	5.3
6.	Difficulty conceiving	3.2
7.	Fibroids	2.8
8.	Pelvic Inflammatory	0.7

Source: Ministry of Statistical and Programme Implementation (2019)

**Figure 5 Leading Health Issues among Indian working women**

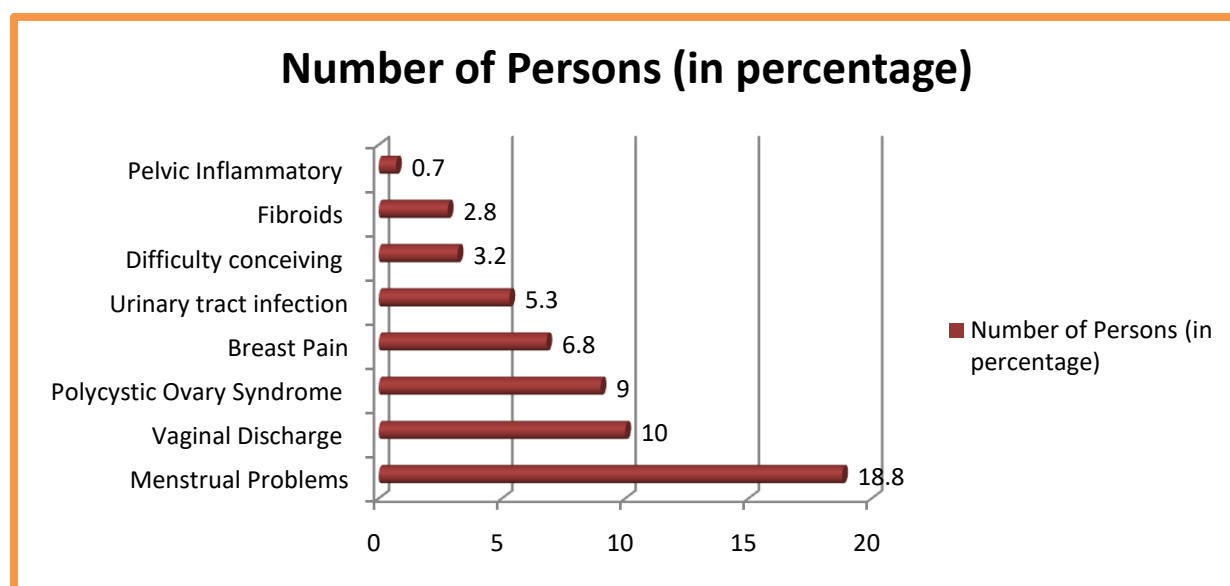


Table and figure 5 analysis that health issues among Indian working women. The health has analysis percentage wise during the study period. The most of the working women affected from Menstrual Problems (18.8%), next to Vaginal Discharge (10.00%), Polycystic Ovary Syndrome (9.00%), Breast Pain (6.8 %), Urinary tractinfection (5.3%), Difficulty conceiving (3.2 %), Fibroids (2.8%) and Pelvic Inflammatory (0.7%) respectively.

### Findings of the study

- ❖ The study was found that total employees have been increased from 26506 thousands in 2012-2013 to 27026 thousands in 2018-2019. The highest employees recorded in 28631 thousands in 2016-2017. The total employees of supervisor has increased with some fluctuating trend 10163 in 2012-2013 to 12176 thousands in 2014-2015 which is decreased next year study period 117487 in 2015-2016 and finally stood at 6720 thousands in 2018-2019 respectively. As far as workers is concerned which also showing fluctuating trend during entire stud period. It increased from 92787 in 2012-2013 to 93931 thousands in 2013-2014, it decreasing trend in 2014-2015 to 2018-2019 respectively.
- ❖ The study was found that percentage of Share of Women to total employment showing increased and decreasing such as fluctuating trend during whole study period. The maximum percentage change in 2006 (16.7 %) which against lowest percentage of women employment share in 2009 (7.2 %) respectively.
- ❖ It is found that most of the Indian working women affected from Menstrual Problems (18.8%) and Vaginal Discharge (10.00).



## Suggestions

- The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns. The government can also improve the health status of women by strengthening and expanding essential health services as well as by frequent counseling on safe sex, awareness on educational and nutritional needs and gender based violence.
- The study also suggest that the health and nutritional status of Indian working women becoming worse due to the prevailing culture and traditional practices in India. Indian working women are normally vulnerable to poor nutrition, particularly during pregnancy and lactation. It has been pointed out that the effect of nutritional status of the working mother is more pervasive than the effect of other factors on birth weight.
- The study suggest that as everyone knows, being sick or suffering from aches and pain affects every aspect of daily life. A woman who is unwell and exhausted finds it difficult, if not impossible, to carry out her everyday responsibilities. It is also hard for her to contribute in programmes that could help her and her family, such as literacy or training lessons, savings schemes, or community meetings. Being strong is a obligation for women to have a optimistic approach and contribute completely in their communities.
- The social and economic consequences of women's health problems are serious, although often they are not recognized or talked about. Working women do a lot of things for their families; they care for the children and old, and do the most of the household tasks. Often they grow the majority of the food the family eats, and earn the money that pays for necessary wants like clothing, medical care, and even school fees. When a woman dies or is unwell, all these tasks are deserted. Often the death of a woman means the break-up of the family.

## Conclusion

A woman is known to be all-around and acting a number of critical role in our culture. There is always a fight against time for a working woman. Indian society does certainly distinguish many women's rights, including the rights to political participation, family allowance and set up a business. However, in rural and Urban areas, poverty and a lack of information represent real blockade to women's freedom and empowerment. Programs expected at advancing human rights, literacy and microfinance are therefore necessary in order to restore Indian women to the place they deserve and open doors to a better future. India's missing women cannot be brought back but the roots and branches of gender bias and its consequences are being researched upon. Gender sensitization is touching vital aspects of human progress – health, education skill and enterprise. Women are exhausted and ill frequently, and far too many of them die. This is a difficulty not only for them, but also for the communities and nations where they live. a lot of this illness and suffering could be banned. The governments and international agencies around the world have begun focusing more attention on the health of women. In generally, further efforts are now being made to train health and family planning workers,

provide supplies and equipment, and help women reach medical facilities. Equally important, governments and non-governmental Institutions, including women's groups, are working hard to provide women with the information that will enable them to take better care of themselves. These efficient efforts are paying off, therefore a lot remains to be done. The study that follow describe the causes of women's health problems, particularly those related to pregnancy and childbirth, and explain what can be done to prevent or treat those problems. It is therefore critically important that they take responsibility for ensuring that women are educated and informed about the full range of health issues that they face. Governments, women's groups, religious institutions, and local communities can also work jointly to make sure that the services and information are available to save the working women's lives.

## References

1. A. Nurullah, "Gender differences in distress: the mediating influence of life stressors and psychological resources," *Asian Social Science*, vol. 6, no. 5, pp. 27–35, 2010.
2. Appachu, G. (2007). Marginalization of Women: Its Influence on Mental Health, Well-being and Productivity, *Artha*, 6(1):12-18.
3. Basu, S.K. 1993. "Health Status of Tribal Women in India." *Social Change* 23(4): 19–39
4. Bohra N, Srivastava S, Bhatia MS (2015) Depression in women in Indian context. *Indian J Psychiatry* 57(6): S239-S245.
5. Government of India, Census. (2011).
6. NAIKWADE, SHITAL, R. GOPAL, and NITIN SIPPY. "A STUDY ON WORKING WOMEN'S ATTITUDE TOWARDS ALLOPATHY OR AYURVEDA & YOGA SYSTEM OF MEDICINE FOR MANAGING THE LIFESTYLE DISEASES WITH SPECIAL REFERENCE TO WESTERN SUBURBS OF MUMBAI." *International Journal of Business Management & Research (IJBMR)* 6, 1, Feb 2016, 57-64
7. Hans V. B. (2008). Marginalization in the Midst of Modernization – Women's Health Empowerment, Rathakrishnan L. (ed.) *Empowerment of*
8. K. Park, "Concept of health and disease," in *Parks' Textbook of Preventive and Social Medicine*, M/S Banarsidas Bhanot, 22nd edition, 2013.
9. Nazneen, A. F. R. O. Z. E., P. R. E. T. T. Y. Bhalla, and S. A. Y. E. E. D. U. Z. Zafar. "A Comparative Study of Organizational ROLE Stress (ORS), Stress Tolerance Level and Its Management Among the Top Executives of Indian Public and Private Enterprises." *International Journal of Business Management & Research*, 4 (3), 85 94 (2014).
10. Ministry of Human Resource Development, Government of India.
11. Ministry of Statistical and Programme Implementation, Government of India.
12. Singh, D. V., and ANUPAMA SAMAL. "Impact of Nutrition Education on Knowledge of Tribal Women." *International Journal of Food Science & Technology (IJFST)* 6.4 (2016): 1-6.
13. Sachidananda and Kumar N. (2016). On Women's Empowerment: Promise and Performance, *The Eastern Anthropologist*, 59(1):39-50.

14. HAZARI, NIDA FATIMA, and V. VIJAYA LAKSHMI. "ASSESSING THE EFFECTIVENESS OF E-LEARNING EDUCATION MATERIAL ON NUTRITION AND HEALTH ATTITUDE OF RURAL WOMEN: A QUASI EXPERIMENTAL STUDY." *International Journal of Educational Science and Research (IJESR)* 7, 5, Oct 2017, 63-70
15. AKSHATA, M., D. RATNA KUMARI, and V. VIJAYA LAKSHMI. "FEMALE BAMBOO BASKET WEAVERS-PAIN ANALYSIS USING BODY MAP." *International Journal of Educational Science and Research (IJESR)* 8, 4, Aug 2018, 15-20
16. Singh, D. V., and ANUPAMA SAMAL. "Impact of Nutrition Education on Knowledge of Tribal Women." *International Journal of Food Science & Technology (IJFST)* 6.4 (2016): 1-6.