

Health problems of working women: A study of Gulbarga District

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Abstract

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 give enough attention to their health. Hence, compared to housewives, there are more health problems for working women. Working women even though are secured economically, there is lack of care and negligence of their health due to lack of time. 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.

Keywords: health problems, women, Gulbarga district

Introduction

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) [4]. 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.

In case of women, pregnancy and child birth requires specialized care, generally agreed to be a preventive activity. Where visits do occur, they appear to occur infrequently, late in the pregnancy and their content is unclear. Moreover, it appears that antenatal services are likely to be sought by women who experience difficulty or signals of a complicated delivery than other women. Poor availability of health services reflects cultural and socio-economic constraints as well as perceptions regarding accessibility of facilities and quality of care. Nearly 64.00% of women who did not utilize antenatal services consider it unnecessary; reflecting both the traditional notion that child bearing is not an event worthy of medical attention (Jejeebhoy, 1997) [2].

The Universal Declaration of Human Rights (Article 25) states that, "Everyone has the right to a standard of living adequate for the health and well-being of him/herself and his/her family, including food, clothing, housing and medical care and necessary social service. Everyone has the right to education and health" (What is Foreign Aid, 2013). But, due to the dual role of the working women, their health is not cared and neglected. Hence, to assess the health status of working women, the present study is made.

Objectives of the study

1. To find out the particular health problems, both psychological as well as physical health problems of working women; and
2. To look into the facilities and services availed by working women during pregnancy and child birth.

Review of Literature

Kaur and Kaur (2011) [3] published a paper entitled "Psycho-social Problems of Women Teachers Working in Schools and Colleges of Punjab" in 'Contemporary Research in India'. This paper is a study of interactive effect of institution (school/college), area (rural/urban) and age (<35 years and >35 years) on psycho-social problems of women teachers in the state of Punjab. The sample of 1000 women teachers was taken, out of which 500 (250 rural and 250 urban) were from schools and 500 (250 rural and 250 urban) from colleges. The data was subject to statistical analysis and the results revealed that there is no significant interactive effect of area (Rural/Urban), institution (School/College) and age (<35 years/>35 years) on the variable of psycho-social problems of women teachers.

Dalmia (2012) [1] in her paper "Strong Women, Weak Bodies, Muted Voices Women Construction Workers in Delhi" published in 'Economic & Political Weekly' argued that, if Delhi is building its way towards becoming a "global city" through mammoth infrastructure and construction projects, then what is the story of those people whose work helps put up its massive structures? The role played by women who are employed in the construction of Delhi's megastructures is even more intriguing, for they not only become workers-earners in a vast city but continue to fulfill the role of a mother-wife-householder.

Table 1: Medical Advice during Pre-natal Care

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Consumption of Nutritious Food, Adequate Rest, etc.	102	51.0	64	32.0	166	41.5
Regular Medical Check-up	114	57.0	75	37.5	189	47.2
Medical Prescriptions/ Tonics, etc.	116	58.0	82	41.0	198	49.5
Not Took Proper Care	24	12.0	40	20.0	64	16.0
Not Applicable	60	30.0	53	26.5	113	28.2
Total	200	100	200	100	400	100

It is observed from the above table that almost all the respondents have taken proper care during pre-natal care and each of them has taken care in more than one aspect mentioned above. Particularly, 102 (51.0%) have consumed nutritious food and taken adequate rest, 114 (57.0%) have undergone for regular medical check-up, 116 (58.0%) have followed the medical prescriptions related to taking of tonics, vitamins, etc., 24 (12.0%) have not taken proper care and for the remaining 60 (30.0%) of the respondents, it is not applicable as they are not pregnant and there are no children for them. Similarly, only 64 (32.0%) of the respondents working in unorganized sector have consumed nutritious food and taken adequate rest, 75 (37.5%) have undergone for regular medical

check-up, 82 (41.0%) have followed medical prescriptions, 40 (20.0%) not taken proper care and for 53 (26.5%) of the respondents, it is not applicable as they are not pregnant and no children for them.

As expressed by all the respondents covered under the study, 166 (41.5%) have consumed nutritious food and adequate rest, 189 (47.2%) have undergone regular medical check-up, 198 (49.5%) have followed medical prescriptions, only 64 (16.0%) have not taken proper care during pre-natal care and for 113 (28.2%) of the respondents, it is not applicable as they are not pregnant and there are no children for them. It is summarized that majority of the respondents have taken proper care in different aspects during the pre-natal period.

Table 2: Reasons for Not Taking Proper Care during Pre-natal Period

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Busy in Work	10	5.0	05	2.5	15	3.7
Advice from Elders	06	3.0	15	7.5	21	5.2
Lack of Time	08	4.0	04	2.0	12	3.0
Poverty, Negligence	--	--	16	8.0	16	4.0
Any Other	--	--	--	--	--	--
Not Applicable	176	88.0	160	80.0	336	84.0
Total	200	100	200	100	400	100

Above table revealed that the reasons for not taking proper care during the pre-natal period by the respondents working in organized sector shows that 10 (5.0%) have stated that they were busy in family and outside work, 06 (3.0%) have stated that they have followed the advice from their elders, 08 (4.0%) have expressed that they have no time to take proper care during their pre-natal care period and for the remaining 176 (88.0%) of the respondents have followed proper care during their pre-natal period. Of the respondents working in unorganized sector, 05 (2.5%) have expressed that they were busy in their family and outside work, 15 (7.5%) have followed the advice of the elders, 04 (2.0%) have expressed that they

have lack of time and 16 (8.0%) have stated that they are poor and negligent and for the remaining 160 (80.0%) of the respondents, it is not applicable as they have taken proper care during the pre-natal period.

Of the total respondents, 15 (3.7%) have expressed that they were busy in family and outside work, 21 (5.2%) have stated that they followed the advice of the elders, 12 (5.2%) have stated that they have not found time to take proper care, 16 (4.0%) have stated that there is poverty and negligence as reasons for negligence during pre-natal care and for the remaining 336 (84.0%) of the respondents, it is not applicable as they have taken proper care during pre-natal period.

Table 3: Nature of Deliveries

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Natural	56	28.0	90	45.0	146	36.5
Caesarian	84	42.0	57	28.5	141	35.2
Not Applicable	60	30.0	53	26.5	113	28.2
Total	200	100	200	100	400	100

It is noted from the above table that 56 (28.0%) of the respondents working in organized sector have stated that they have natural deliveries, whereas 84 (42.0%) have expressed that they have caesarian deliveries and for the remaining 60 (30.0%) of the respondents, it is not applicable as they do not have children. Among the respondents, 90 (45.0%) have

expressed that they have natural deliveries, whereas 57 (28.5%) have caesarian deliveries and for the remaining 53 (26.5%) of the respondents, it is not applicable as they do not have children.

Among all the respondents, 146 (36.5%) have stated that they have natural deliveries, 141 (35.2%) have expressed that they

have caesarian deliveries and for the remaining 113 (28.2%) of the respondents, it is not applicable as they do not have children. It is noted that due to stress and strain, there is lack of

care for pregnant women and as a result, there is increase in caesarian deliveries and child birth among the working women.

Table 4: Problems during Child Birth

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Infant Mortality	--	--	--	--	--	--
Abortion/ Miscarriage	20	10.0	36	18.0	56	14.0
Pre-mature Delivery	28	14.0	35	17.5	63	15.7
Nothing	92	46.0	76	38.0	168	42.0
Not Applicable	60	30.0	53	26.5	113	28.2
Total	200	100	200	100	400	100

$X^2=12.8$, $df=3$, Significant at 0.01 level $N=5$, Correlation=0.95904

On the problems faced by respondents working in organized sector during the child birth, 20 (10.0%) have faced the problem of abortion and miscarriage, 28 (14.0%) have faced the problems of pre-mature delivery, 92 (46.0%) have not faced any problems and for the remaining 60 (30.0%) of the respondents, it is not applicable as they were not pregnant. Among the respondents working in unorganized sector, 36 (18.0%) have faced the problems of abortion and miscarriage, 35 (17.5%) have faced the problems of pre-mature delivery, 76

(38.0%) have not faced any of such problems and for the remaining 53 (26.5%) of the respondents, it is not applicable as they were not pregnant.

As expressed by all the respondents, 56 (14.0%) have faced the problems of abortion and miscarriage, 63 (15.7%) have faced the problems of pre-mature delivery, 168 (42.0%) have not faced any of such problems and for the remaining 113 (28.2%) of the respondents, it is not applicable as they were not pregnant.

Table 5: Frequency of Medical Check-up during Pregnancy

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Twice in a Month	32	16.0	26	13.0	58	14.5
Monthly	74	37.0	38	19.0	112	28.0
Bi-monthly	34	17.0	42	21.0	76	19.0
Quarterly	--	--	12	6.0	12	3.0
Whenever there are Health Problems	--	--	25	12.5	25	6.2
Never	--	--	04	2.0	04	1.0
Not Applicable	60	30.0	53	26.5	113	28.2
Total	200	100	200	100	400	100

$X^2=78.9$, $df=6$, Significant at 0.01 level $N=7$, Correlation=0.81172

During their pregnancy, as expressed by the respondents working in organized sector, 32 (16.0%) have gone for medical checkup for twice in a month, 74 (37.0%) have gone for medical checkup monthly, 34 (17.0%) have gone for medical checkup one in two months (bi-monthly) and for the remaining 60 (30.0%) of the respondents, it is not applicable as they are pregnant. Similarly, on the frequency of medical check-ups among the respondents working in unorganized sector, 26 (13.0%) have undergone for medical check-up for twice in a month (bi-monthly), 38 (19.0%) have gone for monthly medical-checkup, 42 (21.0%) have undergone for medical check-up once in two months (bi-monthly), 12 (6.0%) have undergone for medical check-up once in three months (quarterly), 25 (12.5%) have undergone for medical check-up

whenever there are health problems, 04 (2.0%) have never undergone for any medical check-up and for 53 (26.5%) of the respondents, it is not applicable, as they are not pregnant.

The frequency of medical check-ups during pregnancy as stated by all the respondents revealed that, 58 (14.5%) have undergone for medical check-up twice in a month, 112 (28.0%) have undergone monthly medical check-ups, 76 (19.0%) have undergone bi-monthly medical check-ups, 12 (3.0%) have undergone medical check-up once in three months, 25 (6.2%) have undergone for medical check-up whenever there are health problems, 04 (1.0%) have not undergone for any medical check-ups and for the remaining 113 (28.2%) of the respondents, it is not applicable as they were not pregnant.

Table 6: Reasons for Irregular Medical Check-up during Pregnancy

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Unable to Meet the Medical Expenses	--	--	33	16.5	33	8.2
No Health Centre in the Area	06	3.0	18	9.0	24	6.0
Family Members do not allow	12	6.0	21	10.5	33	8.2
No Awareness	06	3.0	11	5.5	17	4.2
Any Other	--	--	--	--	--	--
Not Applicable	176	88.0	117	58.5	293	73.2
Total	200	100	200	100	400	100

On the reasons for irregular medical check-up as expressed by the respondents working in organized sector, 06 (3.0%) have stated that there are no health centres in their areas, 12 (6.0%) have expressed that their family members do not allow for medical check-ups, 06 (3.0%) have remarked that they do not have awareness about the medical check-ups and for the remaining 176 (88.0%) of the respondents, it is not applicable they were undergone for regular check-ups or not pregnant. Similarly, of the respondents working in unorganized sector, 33 (16.5%) have remarked that they are unable to meet the medical expenses, 18 (9.0%) have stated that there are no health centres in their areas, 21 (10.5%) have expressed that their family members do not allow for the medical check-ups,

11 (5.5%) have stated that they are not aware about the medical check-ups and for the remaining 117 (58.5%) of the respondents, it is not applicable as they were not pregnant or they undergone for regular medical check-ups.

Among all the respondents, 33 (8.2%) have expressed that they are unable to meet the medical expenses, 24 (6.0%) have stated that there are no health centres in their areas, 33 (8.2%) have remarked that their family members do not allow for regular medical check-ups, 17 (4.2%) have stated that there is no awareness about medical check-up and for the remaining 293 (73.2%) of the respondents, it is not applicable as they were not pregnant or they were undergone for frequent medical check-ups during pregnancy.

Table 7: Health Care Facilities availed from Health Centres

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Medicines, Injections and Vaccines	140	70.0	147	73.5	287	71.7
Operations (Caesarian Child Delivery)	84	42.0	57	28.5	141	35.2
Scanning & Testing	140	70.0	134	67.0	274	68.5
Any Other	--	--	--	--	--	--
Not Applicable	60	30.0	53	26.5	113	28.2
Total	200	100	200	100	400	100

It is highlighted from the above table that many of the respondents have availed more than one type of facility or service from the health centres. It is observed that on the facilities and services availed by the respondents working in organized sector from health centres, 149 (70.0%) have availed the facilities of medicines, injections and vaccines, 84 (42.0%) have availed the facilities of operations including caesarian and child delivery, 140 (70.0%) have availed the facilities of scanning and testing and for the remaining 60 (30.0%) of the respondents as they were not pregnant. On the facilities and services availed by the respondents working in unorganized sector, 147 (73.5%) have availed medicines, vaccines and injections, 57 (28.5%) have availed the operations such as

caesarian and child delivery, 134 (67.0%) have availed the scanning and testing facilities in the health centres and it is not applicable to 53 (26.5%) of the respondents as they are not pregnant.

As expressed by all the respondents on the facilities and services availed from the health centres, 28 (71.7%) have availed the medicines, injections and vaccines from health centres, 141 (35.2%) have availed the services of operations such as caesarians, 274 (68.5%) have availed the facilities of scanning and testing and for the remaining 113 (28.2%) of the respondents, it is not applicable as they are not pregnant and do not have children.

Table 8: Problems at Work Place

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Work Overload	51	25.5	86	43.0	137	34.2
Mental Tensions & Harassment from Superiors	28	14.0	53	26.5	81	20.2
Pollution, Unhealthy Atmosphere, Unsafe & Insecurity	56	28.0	97	48.5	153	38.2
Any Other	--	--	--	--	--	--
None	65	32.5	32	16.0	97	24.2
Total	200	100	200	100	400	100

$X^2=69.1$, $df=3$, Significant at 0.01 level $N=5$, Correlation=-0.64137

It is highlighted that a few of the respondents have more than one type of problems related to their work place. The problems of the women working in organized sector at their work places show that, 51 (25.5%) have work overload, 28 (14.0%) have mental tensions and harassment from their superiors, 56 (28.0%) have pollution, unhealthy atmosphere, unsafe and insecurity in their workplaces and 65 (32.5%) have no such problems at their work places. On the problems of respondents working in unorganized sector, 86 (43.0%) have work overload, 53 (26.5%) have mental tensions and harassment from their employers and superiors, 97 (48.5%) have pollution,

unhealthy atmospheres, unsafe and insecurity and only 32 (16.5%) have no such problems at their work places.

The problems faced by all the respondents at their work places revealed that, 137 (34.2%) have work overload, 81 (20.2%) have mental tension and harassment from their superiors and employers, 153 (38.2%) have pollution, unhealthy atmosphere, unsafe and insecurity at their workplaces and only 97 (24.2%) have no such problems at their workplaces. It is noted that a great majority of the respondents have one or more than one type of problems at their workplaces, which may cause physical or mental health problems for the working women.

Table 9: Mental State after Daily Work

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Feel Fresh	32	16.0	26	13.0	58	14.5
Stress, Burn Out and Fatigue	76	38.0	95	47.5	171	42.7
Regular Routine	55	27.5	34	17.0	89	22.2
Need Rest	37	18.5	45	22.5	82	20.5
Total	200	100	200	100	400	100

$X^2=19.6$, $df=3$, Significant at 0.01 level $N=4$, Correlation=0.85551

On the mental state of the working women after their daily work, as expressed by the respondents working in organized sector, 32 (16.0%) feel fresh, 76 (38.0%) feel stress, burn out and fatigue, 55 (27.5%) feel regular and routine and 37 (18.5%) need rest after their daily outside work. Similarly, 26 (13.0%) of the respondents working in unorganized sector feel fresh after their daily work, 95 (47.5%) feel stress, burn out and fatigue, 34 (17.0%) feel it regular and routine and 45 (22.5%) need rest after their daily work.

As stated by all the respondents on their mental state after their work place duties, 171 (42.7%) feel stress, burn out and fatigue followed by, 89 (22.2%) feel it regular and routine, 82 (20.2%) need rest and the remaining only 58 (14.5%) feel fresh after their outside work respectively. It is observed that majority of the respondents feel stress, burn out, fatigue and needed rest daily after their working outside and it shows that there is decrease in their health status after their work.

Table 10: Whether Health is affected due to outside Work

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Psychological Health Affected	114	57.0	72	36.0	186	46.5
Physical Health gets Affected	18	9.0	40	20.0	58	14.5
Both Physical & Mental Health is Affected	35	17.5	43	21.5	78	19.5
Health is not affected	33	16.5	45	22.5	78	19.5
Total	200	100	200	100	400	100

$X^2=41.3$, $df=3$, Significant at 0.01 level $N=4$, Correlation=0.99615

On whether their health get affected due to their outside work, 114 (57.0%) of the respondents working in organized sector have stated that their psychological health is affected, 18 (9.0%) have expressed that their physical health gets affected, 35 (17.5%) have remarked that both the physical and mental health is affected and the remaining 33 (16.5%) have stated that their health is not affected respectively. Of the respondents working in unorganized sector, 72 (36.0%) have stated that their psychological health is affected, 40 (20.0%) have expressed that their physical health is affected, 43 (21.5%) have stated that their physical and mental health is affected and

the remaining 45 (22.5%) have stated that their health is not at all affected due to their outside work.

Among the total respondents covered under the study, 186 (46.5%) have expressed that their psychological health is affected due to outside work, 58 (14.5%) have remarked that their physical health is affected, 78 (19.5%) have expressed that their physical and mental health may get affected due to outside work and only 78 (19.5%) have remarked that their health is not affected due to outside work. Hence, it can be concluded that as expressed by majority of the respondents, the women's health is affected due to outside work.

Table 11: Health Problems

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Cardio-Vascular Problems	03	1.5	02	1.0	05	1.2
Diabetes	16	8.0	22	11.0	38	9.5
Asthma/ Bronchitis	21	10.5	35	17.5	56	14.0
Cancer	--	--	--	--	--	--
Ophthalmologic/ Dental/ Hearing Problems	56	28.0	45	22.5	101	25.2
Anemia/ Skin Allergy	11	5.5	26	13.0	37	9.2
Arthritis	13	6.5	32	16.0	45	11.2
Psychiatric Problems/ Depression/ Stress	24	12.0	26	13.0	50	12.5
Gynecological Problems	38	19.0	45	22.5	83	20.7
Any Other	18	9.0	24	12.0	42	10.5
None	114	57.0	92	46.0	206	51.5
Total	200	100	200	100	400	100

It is highlighted from the collected primary data that a few of the respondents have more than one type of health problems. On the general health problems of the respondents working in organized sector, 03 (1.5%) have cardio-vascular problems, 16 (8.0%) have Diabetes, 21 (10.5%) have Asthma/ Bronchitis, 56

(28.0%) have ophthalmologic or dental or hearing problems, 11 (5.5%) have Anemia and Skin Allergy, 13 (6.5%) have Arthritis, 24 (12.0%) have psychiatric problems such as stress and depression, 38 (19.0%) have Gynecological problems, 18 (9.0%) have other health problems and 114 (57.0%) have no

any of the health problems. Among the respondents working in unorganized sector, 02 (1.0%) have cardio-vascular problems, 22 (11.0%) have Diabetes, 35 (17.5%) have Asthma and Bronchitis, 45 (22.5%) have Ophthalmologic or dental or hearing problems, 26 (13.0%) have Anemia or Skin Allergy, 32 (16.0%) have Arthritis, 26 (13.0%) have psychiatric problems such as depression, stress, etc, 45 (22.5%) have Gynecological problems, 24 (12.0%) have other health problems and 92 (46.0%) have no health problems.

Of all the respondents covered under the study, 05 (1.2%) have

Cardio-Vascular problems, 38 (9.5%) have Diabetes, 56 (14.0%) have Asthma/ Bronchitis, 101 (25.2%) have Ophthalmologic problems, dental problems or hearing problems, 37 (9.2%) have Anemia and Skin Allergy, 45 (11.2%) have Arthritis, 50 (12.5%) have psychiatric problems such as depression and stress, 83 (20.7%) have Gynecological problems, 42 (10.5%) have other type of health problems and 206 (51.5%) have no such health problems. It is emphasized that nearly half of the respondents have one or other health problems.

Table 12: Membership to Organizations and Associations

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Social Welfare Organizations/ NGOs	22	11.0	12	6.0	34	8.5
Sports Clubs/ Recreational Organizations	16	8.0	02	1.0	18	4.5
Yoga Centres/ Meditation Centres	13	6.5	04	2.0	17	4.2
Self-Help Groups	08	4.0	66	33.0	74	18.5
Any Other	15	7.5	04	2.0	19	4.7
None	126	63.0	112	56.0	238	59.5
Total	200	100	200	100	400	100

It is noted from the above table that among the respondents working in organized sector, 22 (11.0%) are members to social welfare organizations and NGOs, 16 (8.0%) are members to sports clubs or recreational organizations, 13 (6.5%) are members to yoga centres and meditation centres, 08 (4.0%) are members to the Self-Help Groups, 15 (7.5%) are members to other types of associations and organizations and majority, that is 126 (63.0%) are not members to any of the organizations or associations. Of the respondents working in unorganized sector, only 12 (6.0%) are members to social welfare organizations or NGOs, 02 (1.0%) are members to sports clubs or recreational organizations, 04 (2.0%) are members to Yoga Centre or meditation centres, 66 (33.0%) are members to Self-

Help Groups, 04 (2.0%) are members to other types of associations and organizations and 112 (56.0%) are not members to any of the organizations and associations.

As expressed by all the respondents, 34 (8.5%) are members to social welfare organizations or NGOs, 18 (4.5%) are members to sports clubs or recreational organizations, 17 (4.2%) are members to yoga centres or meditation centres, 74 (18.5%) are members to Self-Help Groups, 19 (4.7%) are members to other types of organizations and associations and 238 (59.5%) of the respondents are not members to any of the associations or organizations. It shows that the working women to a greater extent are not members to any of the sports or cultural associations and probably it may due to lack of time.

Table 13: Health Benefits by Employers

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Health Centres at Work place	30	15.0	--	--	30	7.5
Reimbursement of Medical Bills	58	29.0	--	--	58	14.5
Medical Allowance	36	18.0	--	--	36	9.0
Any Other	--	--	--	--	--	--
None	76	63.0	200	100	276	69.0
Total	200	100	200	100	400	100

On the health benefits provided by the employers as expressed by the respondents working in organized sector, 30 (15.0%) are getting health centres at their work places, 58 (29.0%) are getting facilities of reimbursement of medical bills, 36 (18.0%) are getting medical allowances along with their pay and 76 (38.0%) are not getting any type of medical benefits from their employers. It is emphasized that all the respondents working in unorganized sector are not getting any of the medical benefits.

As expressed by all the respondents, 30 (7.5%) are getting health centres at their work place, 58 (14.5%) are getting reimbursement of their medical bills, 36 (9.0%) are getting medical allowances along with their pay and 276 (69.0%) are not getting any of the medical benefits from their employers. It is highlighted that no medical benefits are available to all the women working in unorganized sector, even there are legislations to provide the same.

Table 14: Health Camps at Work Place

Particulars	Women in Organized Sector		Women in Unorganized Sector		Total	
	F	%	F	%	F	%
Regular Health Check-up Camps	22	11.0	--	--	22	5.5
Occasional Health Check-up Camps	53	26.5	--	--	53	13.2
Allow Employees to attend Health Check-up Camps Outside	12	6.0	--	--	12	3.0
No Such Facilities available	113	56.5	200	100	313	78.2
Total	200	100	200	100	400	100

It is observed from the above table that on organizing health awareness camps by employers, among the respondents working in organized sector, 22 (11.0%) have stated that there are regular health check-up camps at the work place, 53 (26.5%) have expressed that there are occasional health check-up camps at work place, 12 (6.0%) have remarked that their employers allow them to attend health check-up camps organized outside the organizations and 113 (56.5%) have expressed that there are no such activities are organized in their organizations. It is highlighted that as expressed by all the respondents working in unorganized sector their employers are not organizing health awareness or check-up camps at their work places.

Of all the respondents, 22 (5.5%) have stated that their employers are organizing health check-up camps regularly, 53 (13.2%) have expressed that there are health check-up camps occasionally, 12 (3.0%) have stated that their employers are allowing them to attend to health check-up camps organized outside the organizations and the remaining 313 (78.2%) have stated that there are no health awareness or health camps in their organizations or work places.

Conclusion

To conclude, the present research study highlighted that 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.

The particular health problems of the working derived to a greater extent from their pregnancy, delivery, menstrual and menopause. The menstrual health of only few of the respondents is regular and healthy. It is emphasized that almost working women have took necessary medicines, injections and adequate rest during the pre-natal period. Almost equal number of the working women gave birth to their child by natural delivery and caesarian. It is also highlighted that the working women are much conscious about the pre-natal care and as such major portion of the respondents have undergone for regular check-ups during pre-natal period. Only a few of the working women have not undergone for such check-up and the reasons for such irregular check-ups are they are unable to meet medical expenses, non-allow from their family members and long distance of health centres from their residences. The working women who undergone for the pre-natal care have availed almost all the services such as scanning, testing, getting medicines, injections, etc. from the health centres.

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