

A STUDY ON ANALYSIS OF FAMILY AND HEALTH RELATED ISSUES FOR MARRIED WOMEN IN EMPLOYMENT WITH SPECIAL REFERENCE TO CHENNAI

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Abstract

Women are generally created an identity as homemakers since from the tradition. They are forced to go for jobs and in addition to that take up the responsibilities in families. The women are expected to contribute their physical, relational, monetary energy and time for the growth of their family and family maintenances, in parallel they are also expected to contribute their presence at their work places. But there are circumstances in which, majority of the women unable to effectively balance the situations of family and work, consecutively the inability attribute different dimensional issues to them. Among those issues, the profound issues are family and health. Those issues cascade further issues faced by women. Since employability is an indispensable element among the present women and issues are also unavoidable. In this circumvent the present attempt of this research paper focus to identify the family and health related issues faced by married working women in selected sectors at Chennai.

Key words: Family, work place, family balance, employability, health and avenues of employment.

Introduction

Women form an integral part of the Indian workforce. According to the information provided by the Registrar General of India, the work participation rate for women was 35.63 per cent in 2011. This is an improvement from 25.27 per cent in 2001 and 19.67 per cent in 1991. While there has been an improvement in the work participation rate of women, it continues to be substantially less in comparison to the work participation rate of men. In 2001, the work participation rate for women in rural areas was 30.79 per cent as compared to 11.88 per cent in the urban areas. In the rural areas, women are mainly involved as cultivators and agricultural labourers. In the urban areas, almost 80 per cent of the women workers are working in the unorganized sectors such as household industries, petty trades and services, buildings and construction. The total work force in the country during 2014-15 is estimated

to be 455.7 million based on the NSS 61st Round Survey on Employment-Unemployment and census population projections for different states. Women workers were 146.89 million or 32.2 %, of the total workers. About 106.89 million or 72.8% of these Women worker were employed in agriculture even though the share of the industry among men workers was only 48.8%. The overall share of the industry in the rural workforce was about 56.6 %.

The women employment pivots the sources of earning to the family and which helps to augment the standard of living of family. The employment of women also brings them economic and social freedom, their knowledge hub is also contributed for the economic development, but at the same time, the traditional responsibilities of women and family architectures are yet to be continuing in the same dimensions. In these aspects, the changes in the background of women occupation add issues and that not only affect their personal agenda and also the avenues of dependency. The women employment is needy one, but at the same time the issues faced by them, the cause for those issues and its outcome needed to derive by comprehensive studies and attempts. The women employment proportion varies significantly in different sectors. The role and identity of position do also vary in sectors. Relatively the issues encountered by women in terms of family and health shows variation due to nature of work, time of work, its composition, family structure and personal physique of each women. In this aspect, an alarm is required to view the issues faced by women. This particular study attempted to appeal a deduction of issues in particular and posted towards general prevailing situation of issues faced by women as employee and homemaker.

Review of literature

Chavan and Balkrushna Potdar (2011) on their field survey highlighted the health issues that came to light are stress, sleeplessness, and headache, fatigue, sense of exhaustion and lack of concentration, etc. Institut national de santé publique du Québec (2007) explained the impact of women's work on family are decreased socialization, deterioration of lifestyle practices (food, exercise, etc.), adaptation problems, reduced marital satisfaction, reduced ability to transmit values and culture. The impacts of women's work on health are stress, burnout, fatigue, tension and depression, migraines, HTA Cardiovascular diseases and obesity.

Statement of the Problem

The study attempted to explore and understand the attributes cause for family and health issues among the married working women in select sectors. The blue print of this

study identifies the factors leads to family and health related issues. The factors which are identified are exploratory in nature. The working women as the employee and homemakers attribute the family and health related issues in different dimensions and its consequences have an impact on their personal, health, family and work levels. Since the issues and its attributions are dynamic in nature, the study has been carried.

Objectives of the study

- To understand the profile background of married working women in Chennai.
- To identify the factors cause for family and health related issues among the marriedworking women in their employment.
- To highlight the opinion of married working women about the impact of select factorson their personal issues.
- To find out the managing sources of family and health problems by married workingwomen in their employment.

Scope of the study

The study focused to address the issues faced by married working women in select sectors due to family and health related reasons. The married working women in education and hospital sectors have been chosen for the study. The study covered the aspects of types of issues faced by them, its influences, opinion of content of issues under family and health related aspects. The study also derived the outcome of issues, the sources of managing issues of family and health by married working women in select sector.

Research Methodology

| Sl.No. | Research Instrument | Description |
|--------|---------------------|--|
| 1 | Research Design | Exploratory and Descriptive in Nature |
| 2 | Population | Working Women |
| 3 | Sampling Unit | Working women in select employment of manufacturing and services |
| 4 | Sample Size | 170 |
| 5 | Sampling Method | Convenience sampling |
| 6 | Source of Data | Both Primary and Secondary Data Primary – collected through personalinterview Secondary – Research articles, periodicals and journals |

| | | |
|----|--------------------------------------|--|
| 7 | Nature and Type of Questionnaire | Semi structured in nature |
| 8 | Types of Questions | Closed ended questions which describe personal profile and rank order questions which helps to explore the factors cause issues due to family and health aspects |
| 9 | Pre testing and Reliability Analysis | Carried out and modifications have been made. Cronbach Alpah Value (76.7%) |
| 10 | Tools employed | Percentage analysis and Garrett Ranking |

Limitations of the study

1. The study has been made only in Chennai.
2. The married working women belonging to hospital and educational sector have been chosen for the study
3. The factors cause for family and health issues have been tried to identify in this study.
4. An attempt of exploring select factors has been made in this study.
5. The sources of influence on extraneous factors have been residue in this study.

Table 1

Respondents' Socio-Economic Profile

| S.No. | Socio- Economic Profile | Attributes | Number of Respondents | Percentage to Total |
|-------|-------------------------|---------------|-----------------------|---------------------|
| 1 | Type of Sector | Manufacturing | 84 | 49.4 |
| | | Service | 86 | 50.5 |
| 2 | Nature of job | General | 26 | 15.3 |
| | | Shift | 64 | 37.6 |
| | | Both | 80 | 47.1 |
| 3 | Nature of family | Joint | 55 | 32.4 |
| | | Nuclear | 83 | 48.8 |
| | | Extended | 32 | 18.8 |

Table 1 indicates the inferences of socio-economic profile of the married working women in select employment of manufacturing and service sector at Kanchipuram town. Regarding the women employment in selected study sectors, 50.5 percent of

respondents employed in service sector and 49.4 percent of respondents are employed in manufacturing sector. In terms of their marital status, 32.4 percent of respondents are living in joint family system, 48.8 percent are in nuclear family category and 18.8 percent are in the extended family category. 15.3 percent are working in general, 37.6 percent works in shift and 47.1 percent works in both modes. Sources of problem encounter by the married working women. 34.1 percent of the respondents encounter problems due to family, 10.6 percent of the respondents have personal, 34.7 percent have health related issues, 14.7 percent attribute work related issues and 5.9 percent of the respondents incur issues through family, health, personal and work issues. Frequency of health related problems - 27.6 percent of the respondents countenance high rate of health problems, 61.8 percent of the respondents have medium level and 10.6 percent have low rate of health problem.

Table 2

Respondents' opinion about the Health problems of Married Women

| Sl.No | Health Problems | Garrett Total Score | Garrett Mean Score | Garrett Rank |
|-------|-------------------------|------------------------|-----------------------|--------------|
| 1 | Cardiovascular diseases | 10715 | 63.0 | 1 |
| 2 | Fatigue | 10506 | 61.8 | 2 |
| 3 | Diabetics | 10055 | 59.1 | 3 |
| 4 | Blood pressure | 9965 | 58.6 | 4 |
| 5 | Obesity | 9755 | 57.4 | 5 |
| 6 | Skin diseases | 9450 | 55.5 | 6 |
| 7 | Heart problems | 9115 | 53.6 | 7 |
| 8 | Thyroid | 8524 | 50.1 | 8 |
| 9 | Allergy | 8435 | 49.6 | 9 |
| 10 | Fever | 7975 | 46.9 | 10 |

Table 2 describes respondents' opinion about the health problems. By applying Garrett Ranking, the mean values of opinion about the health problem encountered by married working women in terms of each identified factors have been calculated. From the obtained mean values, the highest mean value obtained factor has been given the rank of 1 and lowest to 10. In order to apply Garrett ranking each factor has been ranked by the

respondents between the ordinal values of 1 to 10. From the obtained mean values, it is understood that the following order of issues like cardiovascular diseases, Fatigue, Diabetics, Blood pressure and Obesity are attributed by the respondents.

Table 3

Respondents' opinion about the Family problems of Married Women

| Sl.No | Health Problems | Garrett Total Score | Garrett Mean Score | Garrett Rank |
|-------|-----------------------------------|---------------------|--------------------|--------------|
| 1 | Nature of family | 10890 | 64.1 | 1 |
| 2 | Family members | 10650 | 62.6 | 2 |
| 3 | Family dependency | 10510 | 61.8 | 3 |
| 4 | Spouse nature of employment | 10450 | 61.5 | 4 |
| 5 | Age composition of family members | 10310 | 60.6 | 5 |
| 6 | Children education | 10250 | 60.3 | 6 |
| 7 | Family conflict | 10050 | 59.1 | 7 |
| 8 | Family income | 9770 | 57.5 | 8 |

Table 3 describes respondents' opinion about the family problems of married women. By applying Garrett Ranking, the issues faced by married working women related to family issues have been calculated. From the obtained mean values, the highest mean value obtained factor has been given the rank of 1 and lowest to 10. In order to apply Garrett ranking each factor has been ranked by the respondents between the ordinal values of 1 to 10. From the obtained mean values, it is understood that nature of family, family members, family dependency and spouse nature of employment are the major family problems by the respondents.

Table 4

Respondents' opinion about Managing Health Issues of Married Women

| Sl.No | Managing health issues | Garrett Total Score | Garrett Mean Score | Garrett Rank |
|-------|------------------------|---------------------|--------------------|--------------|
|-------|------------------------|---------------------|--------------------|--------------|

| | | | | |
|---|---------------------|-------|------|---|
| 1 | Periodical check up | 10070 | 59.2 | 1 |
| 2 | Exercises | 9770 | 57.5 | 2 |
| 3 | Applying leave | 9530 | 56.1 | 3 |
| 4 | Meditation and yoga | 9110 | 53.6 | 4 |
| 5 | Therapies | 8970 | 52.8 | 5 |
| 6 | Regular tablets | 8730 | 51.4 | 6 |

Table 4 describes respondents' opinion about managing health issues of married women. By applying Garrett Ranking, the mean values of about the respondents' opinion about managing health issues have been calculated. From the obtained mean values, the highest mean value obtained factor has been given the rank of 1 and lowest to 10. In order to apply Garrett ranking each factor has been ranked by the respondents between the ordinal values of 1 to 10. From the obtained mean values, it is understood that periodical check up, exercises, applying leave, meditation and yoga are the main managing health issues by the respondents.

Table 5

Respondents' opinion about managing Family Issues of Married Women

| Sl.No | Managing family issues | Garrett Total Score | Garrett Mean Score | Garrett Rank |
|-------|---------------------------|---------------------|--------------------|--------------|
| 1 | Family trips | 9330 | 54.9 | 1 |
| 2 | Family gatherings | 9330 | 52.2 | 2 |
| 3 | Family advice by elders | 8830 | 51.9 | 3 |
| 4 | Work sharing | 8770 | 51.6 | 4 |
| 5 | Family counseling | 8730 | 51.4 | 5 |
| 6 | Openness in communication | 7870 | 46.3 | 6 |

Table 5 describes respondents' opinion about managing family issues of married women. By applying Garrett Ranking, the mean values of respondents' opinion about managing family issues have been calculated. From the obtained mean values, the highest mean value obtained factor has been given the rank of 1 and lowest to 10. In order to apply Garrett ranking each factor has been ranked by the respondents between the ordinal values of 1 to 10. From the obtained mean values, it is understood that family trips,

family gatherings, family advice by elders and work sharing are the main managing family issues by the respondents.

Findings

It is found that 50.5 percent of respondents employed in service sector. It is found that married working women prefer to live in nuclear family system than other categories like joint and extended. 47.1 percent works in both general and shift modes. It is found that 34.7 percent of the married women employees encounter problems due to health. 61.8 percent of the respondents attribute health problems. It is also found that cardiovascular diseases, Fatigue, Diabetics, Blood pressure and Obesity are the major health problems faced by the respondents. It is found that nature of family, family members, family dependency and spouse nature of employment are the major family problems by the respondents. It is revealed that periodical check up, exercises, applying leave, meditation and yoga are the main managing health issues by the respondents. It is found that family trips, family gatherings, family advice by elders and work sharing are the major sources of managing family issues by the married working women in the selected study location.

Conclusion

The changes of occupational structured and the entry of women employment in modern day has become an imperative social demand. In this aspect, the spouse employment in families has gaining a forwarding culture. But at the same time, the expectation of women employment and generation of revenues out of them has been given due weight age, where as their surrounding problems due to work, family, health and other relevant aspects of extraneous have been yet to addressed. In this aspect, the present research paper made an attempt to explore and describe the health and family issues faced by married working women by taking select sectors in manufacturing and services in the study location of kanchipuram. The same has attributed by identifying the factors leads to health and family issues.

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