



EMPLOYMENT AND HEALTH: TWO WHEELS FOR THE WELL BEING OF WOMEN

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ABSTRACT:

A woman lives many lives in one cycle. She represents 'prakruthi' which means nature in Indian philosophy. She symbolizes 'shakti' power that energizes the system. Health plays a vital role in every individual's life. In India, improving access to health care is essential for achieving gender equality. Meeting women's health needs and eliminating gender inequality are moral imperatives and investment in women's health should therefore not require justification.

Women work harder and longer than men in all sectors. Women in India work over one and half hour more than men everyday; making this difference in total work hours the maximum is nearly 30 countries a report shows. In many countries, developed and developing women suffer special pressures of health since jobs are considered to be secondary importance where medical and health facilities are inadequate. Work participation is linked to several socio-economic factors affecting living conditions and public health.

So, work life is an important field for the equalization of social differences and gender inequalities. It is due to possible causes such as gender differences in burden of care for children and relatives, workload, nature of work, work environment, career choices and attitudes etc. The work load and health is complex and multi-factorial owing to variations in the environment and sociolect-economical conditions in developing countries.

The majority of women today simultaneously occupy demanding work and family roles. Combining job and family responsibilities can be difficult & most popular presumption is that women's health is bound to suffer from increasing employment. It reflects the job stress model which posits that jobs involve sufficient pressures that may harm women's physical and mental well-being. This study concludes the need for understanding women's health, because women's well being is mainly based on health.

Key Words: Women, Employment, Health

An old saying states that the husband is the breadwinner and the wife is the homemaker; this saying illustrates the clear division of gender roles in the traditional Indian family. Based on social role expectations, women have more responsibility in taking care of the family, especially in terms of housework and children. Women spend a disproportionate amount of their time carrying out three quarters of the world's unpaid work: 11 billion hours a day. Globally women undertake three

times more care and domestic work than men, with women in low and middle income countries devoting more time to unpaid work than women in high income countries, although income related differences within countries also exist.

Women work harder and for longer hours than men in agriculture, industry and services in organized and unorganized sectors in rural as well as urban settings in public and private sectors. But in all these sectors, locations, and capacities, in general, it is still the women who occupy the lower ranks and earn the lower wages. Women employees in these sectors are treated as bonded labourers and suffer the highest form of discrimination and exploitation. Still it is a stark reality that the majority of women employees are in a disadvantageous position very far from enjoying the rights and benefits guaranteed to them under the Constitution as well as through various, labour legislations. In spite of women's valuable contribution to human being, she still suffers on account of numerous social, political, economic, and psychological barriers. Their significant contribution to family, society, and to the economy is rarely acknowledged. Equality in employment and occupations is important for the freedom, dignity and healthy well-being of individuals.

Reasons for Employment of the Women:

The history of women's participation in gainful employment is a recent one. After the industrial revolution, the social situation changed throughout the world. India was no exception. Changing economic situation and the desire of women to have career, encouraged them to seek employment outside the home. Some other causes are:

- Economic hardships at home;
- Large population of India;
- Inequitable distribution of land assets;
- Unemployment of male member;
- Family tradition and purely women oriented work like cottage industries,
- Spinning and weaving,
- Agriculture as labourers and cultivators,
- In some home based work like handicraft or
- Making of various food products like pickles or papad etc,
- Advancement of knowledge and education,
- Growing level of literacy;
- Occupational diversification etc.

Women and men as equal members of the society have the right to equality of opportunities and treatment. The right to support one and to contribute to the economic well-being of one's family is as important for women as men. In fact majority of women want to and need to work and their income earning capacity is essential for their own survival and that of their families. Due to various economic reasons like poverty, death of male member and low income of the family women enter into employment.

Gender Discrimination affecting women's health:

Gender discrimination is a source of stress, and like any other stress or, it can directly affect mental health. Discrimination is any action that excludes or disadvantages people based on their gender. It includes actions that are deliberately unfair and actions that are unintentionally unfair. It is fueled by sexism, which is prejudice based on sex or gender. In most countries, sexism devalues women and femininity and privileges men and masculinity. Because gender relates to how someone feels, rather than their biological characteristics, anyone who identifies with a gender that their society deems less valuable can experience gender discrimination. This includes trans and other gender-expansive people.

Gender discrimination is a source of stress, and like any other stress or, it can directly affect mental health. Depending on the situation, facing discrimination can also result in anxiety and psychological trauma for women. Women workers at workplace face the problems of low and discriminatory wage, exploitative working conditions, lack of secured employment, sexual harassment. They are to operate in a vicious circle of deprivation, denigration and subsistence struggle. Women workers have to face instability and insecurity of employment, non-observance of labour regulations enjoined by enactments.

Lack of awareness is one of the fundamental causes behind the powerlessness, bias and exploitation that women face at their work. Women workers need to be made aware about their interests, various legislative provisions and authorities for protection against discrimination, sexual harassment and strategies for grievance redressal. There is a need to formulate reducing feminized poverty, promoting education and prevention and elimination of violence against women.

Women in India have limited access to healthcare considering the sociocultural environment there. The most important manifestation of this element has been women who come from rural areas and poor socioeconomic strata. Levels of earnings and educational background, as well as "attitudes towards marriage, age of marriage, the value associated with fertility and sex of the child, the structure of family organizations and the ideal position demanded of Women by social conventions," are all interrelated economic and sociocultural factors that have an impact on women's health.

In the present scenario, women at work can be seen everywhere whether in or outside India. As the education, awareness, and opportunities for women, provided by the government, have been increasing day by day, women have also become awarded and they are also availing such opportunities. Slowly, they are strengthening their position in every sphere of life parallel to men. While working parallel to men at workplace, working women also play multiple roles such as child rears, parents, teachers, caretakers of their elderly parents, and many more, which become very much strenuous for them. It is the added responsibility and burden of chores that add to daily hassles or stress for them, especially in working women with young children, which definitely affect their psychological well-being.

Status of women in the society has been changing fast due to multiple factors such as urbanization, industrialization, increased level of education, awareness of rights, and media influence. More and more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family. But the attitude towards women especially married women and their role in family has remained the same, as even today taking care of the family and children is considered as their primary responsibility. Thus carrying out duties and responsibilities both at home and workplace over strains a married working woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress. All of these problems can interactively affect the mental well-being of working women and more so in married working women. Studies have shown that working women have poor mental health and higher level of depression compared to nonworking women. We must therefore consider the issue of women's health in light of the surrounding circumstances. One of the major issues in the women's movement has indeed been the pursuit of legal equality for women. The women's movement has been dedicated to challenging and changing these discriminatory laws and practices, advocating for equal rights, opportunities, and protections for women.

The women's movement has been dedicated to challenging and changing these discriminatory laws and practices, advocating for equal rights, opportunities, and protections for women under the law. The key issues of child marriage, widowhood, and women's property rights were at the centre of the movement. Many laws were passed during the post-Independence era with the intention of enhancing women's social position and putting an end to discrimination and oppression against them. While significant progress has been made, there are still ongoing efforts to address remaining disparities and achiany laws were passed during the post-Independence era with the intention of enhancing women's social position and putting an end to discrimination and oppression against them.

Unpaid work stress on Mental health:

Unpaid care work is often perceived as low value and is invisible in mainstream economics, underpinned by entrenched patriarchal institutions and national accounting systems that fail to factor in women's total contributions. Unpaid domestic and care work is associated with greater mental health burden and negative effects on quality of life, although most of the evidence comes from high income countries. Internationally, during the covid-19 pandemic, time spent on care and domestic work has increased for both men and women, but the increase and intensity of this work has been far greater for women. The risk of mental illness among women engaged in unpaid work can be expected to rise during the crisis with exposure to greater and more stressful workloads. Urgent action is needed to protect women's mental health.

Unpaid work refers to services provided within a household for its members, including personal care and housework. Because of the gendered nature of domestic and reproductive roles, women and girls are often expected to assume unpaid domestic work and care. Unpaid care work is a major factor in determining both whether women enter and stay in paid employment and the quality of their work. Although evidence is limited in the context of unpaid work on the effect of individual level factors (eg, perceptions of distress, cumulative stress load, past mental health problems) and ecological factors (eg, household conditions, space constraints, noise) on stress and mental health, the contributions of drudgery and the physical demands of unpaid work need to be considered.

Great deal not only between those in high income countries and lower income countries but also between different income groups within countries. Higher earning women in all countries are able to give more attention to and spend more quality time with their children by outsourcing more onerous household tasks—for example, by using care services and domestic help. By contrast, women who lack the financial means are often burdened by repetitive, time consuming, and physically demanding domestic tasks.

This drudgery component, which makes up the largest share of poorer women's total unpaid work burden, may cause substantial fatigue and stress, whereas the relational component of unpaid work, such as playing with children, may be stress reducing and fulfilling.

Stress activates the release of neuro hormones, including cortisol. Women who experience household tasks and childcare as highly stressful have been shown to have higher cortisol levels and slower recovery of cortisol than women who report low stress from this type of unpaid work. This underscores the importance of women's subjective experience of unpaid work, as sustained high cortisol levels may partially explain some adverse mental health outcomes, including depression, in women doing unpaid care work. For women, higher levels of objective stress may also translate into higher levels of perceived stress (burden and role strain) compared with men.

Moreover, the cognitive and emotional involvement and the lack of respite eg, time for leisure, communication with partners or friends, and self-care from unpaid work can eventually lead to physical and emotional distress, depression, and anxiety. The “double burden” of paid and unpaid work has differential effects, with household stress seeming to affect women more than men. For example, a US study found that inequities in the division of housework and women's disproportionate share contributed substantially to sex differences in depression. A four wave study that mapped depression trajectories in the Swedish working population between 2008 and 2014 found that women generally worked longer hours overall and spent more time doing unpaid work than men. The link between more unpaid work hours and a higher depression symptom trajectory was stronger for women than men. There was also an association in women (not men) between more total work hours and a “high stable” depression trajectory. Both trajectories are associated with poorer outcomes, underscoring the need for targeted interventions to reduce women's work hours, especially unpaid work hours.

Unpaid work also has other unfavourable deleterious effects. The Korean Longitudinal Study of Ageing (2006–18) showed that middle aged, full time homemakers had five times the risk of cognitive impairments compared with women in other occupations. Furthermore, providing long term or high intensity care for a sick or elderly relative has been associated with an excess of psychiatric morbidity in women eg, depression, anxiety, and lower life satisfaction. Analysis of three waves of the UK Household Longitudinal Study to compare employment, earnings, and health effects in young people providing unpaid care found that young unpaid care givers for elderly, sick, and disabled people were mostly women, uneducated, living with a partner, and living in social housing. Compared with young people without caring responsibilities, they had worse physical and mental health, earn less, paid fewer taxes, received more welfare, and spent more on health services. These findings contribute to our understanding of causal associations between unpaid work and longer term individual and societal outcomes. If we consider that women and girls make up 49.5% of the global population, the direct and indirect costs are staggering.

Although evidence on the adverse mental health consequences of unpaid work in women from high income countries is growing, sex disaggregated data on the mental health effects of unpaid work in low and middle income countries are sparse. This is concerning given that the costs to physical and mental health from unpaid care giving may be even higher in these countries. A systematic review and meta-analysis comparing health outcomes of unpaid care givers and non-care givers from Africa, Asia, and South America found that unpaid care givers had higher levels of anxiety and depressive symptoms than non-care givers.

Women comprised the majority of caregivers in 12 of the 14 included studies, and they included those caring for individuals with chronic health problems (eg, HIV, cancer, diabetes mellitus), disabled family members, or individuals without any apparent medical condition.

Work Places:

Workplaces are a reflection of society. When women leave these spaces, it reflects poorly on the societies they operate in. For working women in contemporary times, the challenges of balancing work and home are as intense as ever. While domestic partnerships and parenting are becoming more equitable than they once were, working women still take on a more significant share of household and childcare responsibilities. The stress of juggling work, parenthood, and other personal commitments can easily cause or exacerbate mental health issues, such as anxiety and depression, reproductive problems like irregular cycles, musculoskeletal issues like back pain and neck pain, and other health issues. Even though the percentage of women workforce in corporate India has increased significantly over the last two decades, there is still a dearth of tailored healthcare provisions in the workplace for them. Consequently, women employees have to compromise on the quality of personal and professional lives alike.

Any step that an organisation takes must consider if it helps gendered pay parity in employment. Here are a few steps drawn from the International Women's Day website call for Prime Employers for Women:

- Communicate openly that your organisation is committed to gender equality
- Ensure marketing and communications are consistently free of stereotyping
- Embrace a culture of diversity, equity, and inclusion
- Provide formal avenues and active committees to address any concerns of bias
- Ensure women are included at all levels of execution and decision-making
- Provide external support for women's equal rights movements
- Monitor progress by running external surveys to measure how effective these progressive steps are in any organisation.

There are laws in place to protect women from bullying and harassment at the workplace. However, beyond checking the boxes for mandatory legal compliance, bodies such as ICC and POSH must be sensitive enough to address the invisible bullying that women face on a day-to-day basis. Normalised and invisible coercion, sexual harassment and bullying are common reason behind women exiting workplaces. The impact of these traumatic events can be long-lasting and life-altering, impairing women's mental health.

The health of women is rarely prioritised in families, unless they assume serious proportions. Organisations need to have spaces to openly discuss easing burdens and making sure women do not experience exhaustion, sleep deficit, anxiety, and depression. The health considerations must factor both physical and mental health risks that women face all through their life. For example, a study among Indian women in AP establishes that 11% of women experienced post-partum depression (PPD). However, our society is yet to count PPD as a serious risk to women's health. Often, even educated women find it difficult to choose their physical and mental health, their financial autonomy, and employment, for fear of judgment from society. Unable to handle the pressure, for a large percentage of women motherhood (and similar life-changing transitions) directly leads to them dropping off from the workforce. Invest consistently on policies and actions that promote prevention rather than treatment.

Women sensitive health and well-being initiatives that bring an overall culture encouraging women to care for their health. Also imperative are steps that make it easy for them to access quality healthcare services. Working women spend a major part of their lives at the workplace. Health infrastructure that do not acknowledge mental health requirements can be detrimental. Policies that safeguard the mental and physical health of women employees at every stage of their lives needs to be co-opted into the health and safety policy of every organisation.

Conclusion:

To quote the Global Gender Gap Report 2021, “...this generation will not see gender parity in our lifetimes, and nor likely will many of our children. Gender parity will not be attained for almost a century.” Gender parity is at 68%, stepping back from 2020. When the report says it will take us 135.6 years to close the gender gap worldwide, we need to think what that means to women’s access to employment and health, including mental health. Mental health education for everyone is the wisest solution that organisations can adopt. All facilities at workplaces need to transform to safe spaces to discuss mental health and associated risks by:

- Creating workplaces that discuss stressors and triggers, with focus on seeking solutions and encourage everyone, including women, to seek help early.
- Initiating systematic programmes to nurture overall employee health.
- Resetting mindsets that promote professional help-seeking for mental and physical challenges.
- Easing unfair pressure on women to excel at gender roles.

Women’s participation in the labour force is important not only for women, but also for the organisation, because organisation need diversity of talent, opinions, and perspectives. Women’s well being is not only crucial for themselves but reducing the mental health burden will help organisations that they work in too. We need the current situation to improve, because everyone gains when we bring about gender parity and actively break the bias.

Another main drawback for the working women is family support. 99% working women lacks family support. We also believe that family support especially in the Indian context, will significantly impact the work productivity of married women professionals who stay in joint families compared to women in a nuclear family context.

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