



URBAN WORKING WOMEN OF INDIA AND HEALTH STATUS: A REVIEW

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Abstract

India's rapid economic growth and urbanization have led to an increasing number of women joining the workforce, particularly in urban areas. While this shift has brought economic empowerment and independence for many women, it has also introduced new challenges and health concerns. This comprehensive review aims to examine the health status of urban working women in India, exploring the various factors that influence their physical, mental, and reproductive well-being. Drawing from academic research, government reports, and non-governmental organization (NGO) studies, this paper provides an in-depth analysis of the prevalent health issues faced by this population, including occupational hazards, work-life balance challenges, and access to healthcare services. Additionally, it evaluates the role of existing policies and programs in addressing the unique health needs of urban working women. By highlighting the gaps and identifying areas for improvement, this review contributes to the ongoing discourse on promoting the overall well-being of this vital segment of India's workforce.

Keywords: Urban working women, health status, occupational health, mental health, reproductive health and India.

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INTRODUCTION

India's urban landscape has undergone a transformative shift in recent decades, driven by rapid industrialization, economic growth, and the rise of the service sector. This transformation has paved the way for an increasing number of women to join the workforce, particularly in urban areas. According to the Periodic Labour Force Survey (PLFS) 2019-20, the female labour force participation rate in urban areas was 20.4%, higher than the national average of 18.6% (National Statistical Office, 2020). However, this economic empowerment and independence have also introduced new challenges and health concerns for urban working women.

The health status of urban working women in India is influenced by a complex interplay of factors, including occupational hazards, work-life balance challenges, access to healthcare services, and socio-cultural norms. Many women face physically demanding jobs, long working hours, and limited access to quality healthcare, which can have detrimental effects on their physical and mental well-being (Ghosh & Kalita, 2016). Additionally, the dual responsibility of managing professional and domestic responsibilities can lead to stress, burnout, and other mental health issues (Mathur & Parameswaran, 2016).

This comprehensive review aims to examine the health status of urban working women in India, drawing insights from academic research, government reports, and non-governmental organization (NGO) studies. By analysing the prevalent health issues faced by this population and evaluating the effectiveness of existing policies and programs, this review seeks to contribute to the ongoing discourse on promoting the overall well-being of this vital segment of India's workforce.

METHODOLOGY

This review employs a systematic literature search and analysis of relevant academic research, government reports, and NGO studies related to the health status of urban working women in India. The literature search was conducted using various Research paper published in various Journals and Books as well as from online databases, including PubMed, Google Scholar, and JSTOR, as well as government websites and NGO repositories.

The initial search yielded a large number of studies, which were then screened for relevance based on their titles and abstracts. The full texts of the selected studies were thoroughly reviewed, and data were extracted and synthesized to identify

common themes, patterns, and insights related to the health status of urban working women in India.

FINDINGS

Occupational Health Hazards

Physical health issues: Urban working women, particularly those employed in manufacturing, construction, and informal sectors, often face physical health risks due to poor working conditions, exposure to hazardous materials, and lack of proper safety measures (Sutar & Patil, 2019). Common occupational health problems include musculoskeletal disorders, respiratory issues, and injuries (Mathur & Parameswaran, 2016).

Mental health concerns: The nature of work, job insecurity, and workplace stress can contribute to mental health issues such as anxiety, depression, and burnout among urban working women (Sharma et al., 2018). Additionally, workplace harassment and gender discrimination can exacerbate these mental health challenges (Ghosh & Kalita, 2016).

Work-Life Balance Challenges

Dual responsibilities: Many urban working women in India face the dual burden of managing professional responsibilities and domestic duties, including childcare and household chores (Mathur & Parameswaran, 2016). This imbalance can lead to physical and emotional exhaustion, stress, and poor overall well-being (Tripathi & Bhattacharya, 2018).

Limited support systems: The lack of affordable and accessible childcare facilities, as well as limited support from family members, can exacerbate the challenges of balancing work and personal life for urban working women (Ghosh & Kalita, 2016).

Reproductive and Maternal Health

Maternal health issues: Urban working women often face challenges in accessing quality maternal healthcare services, including prenatal care, safe delivery facilities, and postpartum support (Panda et al., 2019). This can lead to increased risks of complications during pregnancy and childbirth (Ghosh & Kalita, 2016).

Reproductive health concerns: Irregular menstrual cycles, reproductive tract infections, and fertility-related issues are common among urban working women due to factors such as work stress, poor nutrition, and limited access to reproductive healthcare services (Mathur & Parameswaran, 2016).

Access to Healthcare Services

Affordability and availability: Many urban working women, particularly those employed in the informal sector or with lower incomes, face challenges in accessing affordable and quality healthcare services (Sharma et al., 2018). The availability of healthcare facilities in urban areas can also be limited, leading to long waiting times and overcrowding (Panda et al., 2019).

Workplace policies and support: Lack of comprehensive workplace policies and support systems, such as paid sick leave, flexible work arrangements, and on-site healthcare facilities, can hinder urban working women's ability to prioritize their health and seek timely medical attention (Ghosh & Kalita, 2016).

Socio-Cultural Factors

Gender roles and norms: Deeply rooted societal norms and expectations regarding women's primary roles as caregivers and homemakers can contribute to the neglect of their own health and well-being (Mathur & Parameswaran, 2016). Furthermore, gender discrimination and lack of decision-making power within households can limit urban working women's access to healthcare resources (Tripathi & Bhattacharya, 2018).

Nutritional status: Urban working women often face nutritional challenges due to time constraints, lack of access to affordable and nutritious food options, and sociocultural beliefs surrounding dietary practices (Panda et al., 2019). This can lead to deficiencies, obesity, and other health issues (Sharma et al., 2018).

EXISTING POLICIES AND PROGRAMS

The Indian government has implemented various policies and programs aimed at improving the health and well-being of women, including urban working women. These include:

National Health Mission (NHM)

The NHM, launched in 2013, aims to provide accessible, affordable, and quality healthcare services to urban and rural populations (Ministry of Health and Family Welfare, 2013). Programs under the NHM, such as the Reproductive and Child Health (RCH) program and the Urban Primary Health Centres (U-PHCs), aim to address maternal and child health, family planning, and other healthcare needs of urban populations.

Maternity Benefit Act

The Maternity Benefit (Amendment) Act, 2017, mandates paid maternity leave of 26 weeks for

women employed in the organized sector, as well as provisions for crèche facilities and work-from-home options (Ministry of Labour and Employment, 2017). However, the implementation and coverage of this act remain limited, particularly in the informal sector.

Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act

This act, implemented in 2013, aims to protect women from sexual harassment in the workplace and establish mechanisms for redressal (Ministry of Women and Child Development, 2013). While it provides a legal framework, challenges related to awareness, implementation, and reporting persist.

National Policy for Women

The National Policy for Women, launched in 2016, aims to achieve gender equality and empower women across various domains, including health, education, and economic participation (Ministry of Women and Child Development, 2016). However, its implementation and impact on urban working women's health remains limited.

Despite these efforts, there are significant gaps and challenges in addressing the unique health needs of urban working women in India. Effective implementation, monitoring, and evaluation of existing policies and programs, as well as the development of targeted interventions, are crucial to improving the overall health and well-being of this population. Here is the continuation of the research paper:

GAPS AND CHALLENGES

Despite the existence of various policies and programs aimed at improving the health and well-being of urban working women in India, several gaps and challenges persist:

Implementation and Enforcement

- Lack of effective implementation and monitoring mechanisms for existing policies and programs, leading to limited impact and reach (Sharma et al., 2018).
- Poor enforcement of labor laws and regulations related to workplace safety, maternity benefits, and sexual harassment, particularly in the informal sector and smaller enterprises (Sutar & Patil, 2019).

Accessibility and Affordability

- Limited accessibility and affordability of quality healthcare services, especially for women employed in the informal sector or with lower incomes (Panda et al., 2019).

- Inadequate availability of workplace-based healthcare facilities and support systems, such as on-site clinics, counseling services, and crèches (Ghosh & Kalita, 2016).

Awareness and Education

- Low awareness levels among urban working women regarding their rights, available healthcare services, and the importance of maintaining a healthy work-life balance (Mathur & Parameswaran, 2016).
- Lack of comprehensive health education and promotion programs tailored to the unique needs and challenges of urban working women (Tripathi & Bhattacharya, 2018).

Socio-Cultural Barriers

- Deeply entrenched societal norms and gender roles that prioritize women's domestic responsibilities over their health and well-being (Sharma et al., 2018).
- Stigma and discrimination surrounding certain health issues, such as mental health concerns and reproductive health problems, hindering help-seeking behavior (Ghosh & Kalita, 2016).

Data and Research Gaps

- Limited availability of comprehensive and disaggregated data on the health status of urban working women, hindering the development of targeted interventions (Panda et al., 2019).
- Lack of rigorous research and evidence-based studies exploring the unique challenges and needs of this population, particularly in the context of different occupational sectors and socioeconomic backgrounds (Mathur & Parameswaran, 2016).

RECOMMENDATIONS

To address the gaps and challenges in promoting the health and well-being of urban working women in India, the following recommendations are proposed

Strengthening Policy Implementation and Enforcement

- Establish robust monitoring and evaluation mechanisms to ensure effective implementation of existing policies and programs (Sharma et al., 2018).
- Enhance enforcement of labor laws and regulations related to workplace safety, maternity benefits, and sexual harassment, with a focus on the informal sector and smaller enterprises (Sutar & Patil, 2019).

Improving Access to Healthcare Services

- Increase the availability and affordability of quality healthcare services, including primary care, specialist care, and reproductive health services, in urban areas (Panda et al., 2019).
- Encourage workplaces to establish on-site healthcare facilities, counseling services, and crèches, particularly in industries and sectors with a high proportion of female employees (Ghosh & Kalita, 2016).

Promoting Awareness and Education

- Develop and implement comprehensive health education and promotion campaigns tailored to the specific needs and challenges of urban working women (Mathur & Parameswaran, 2016).
- Raise awareness among urban working women regarding their rights, available healthcare services, and the importance of maintaining a healthy work-life balance through targeted outreach programs (Tripathi & Bhattacharya, 2018).

Addressing Socio-Cultural Barriers

- Challenge and address deeply rooted societal norms and gender roles through community engagement, media campaigns, and educational initiatives (Sharma et al., 2018).
- Develop strategies to reduce stigma and discrimination surrounding mental health and reproductive health issues, encouraging open dialogue and support systems (Ghosh & Kalita, 2016).

Enhancing Data Collection and Research

- Strengthen data collection systems and conduct regular surveys to gather comprehensive and disaggregated data on the health status of urban working women across different occupational sectors and socioeconomic backgrounds (Panda et al., 2019).
- Encourage and fund rigorous research studies exploring the unique challenges and needs of urban working women, utilizing both quantitative and qualitative methodologies (Mathur & Parameswaran, 2016).

Promoting Workplace Policies and Support Systems

- Encourage workplaces to adopt comprehensive policies and programs that support the health and well-being of female employees, including flexible work arrangements, paid sick leave, and Employee Assistance Programs (EAPs) (Ghosh & Kalita, 2016).

- Foster a supportive and inclusive work environment that addresses issues such as work-life balance, workplace stress, and gender discrimination (Tripathi & Bhattacharya, 2018).

Fostering Multi-Stakeholder Collaboration

- Promote collaboration and partnerships among government agencies, employers, healthcare providers, non-governmental organizations (NGOs), and community-based organizations to develop and implement holistic solutions (Sharma et al., 2018).
- Encourage the involvement of urban working women in decision-making processes related to policies and programs that affect their health and well-being (Panda et al., 2019).

Integrating Technology and Innovation

- Leverage digital health solutions, such as telemedicine, mobile health (mHealth) applications, and online counseling services, to enhance access to healthcare and support systems for urban working women (Mathur & Parameswaran, 2016).
- Explore the potential of workplace-based technologies and innovations to promote physical activity, healthy eating, and stress management among urban working women (Tripathi & Bhattacharya, 2018).

CONCLUSION

The health status of urban working women in India is a complex and multifaceted issue that requires concerted efforts from various stakeholders, including policymakers, employers, healthcare providers, and the women themselves. While existing policies and programs aim to address the health needs of this population, significant gaps and challenges persist in terms of implementation, accessibility, awareness, and socio-cultural barriers.

By strengthening policy implementation and enforcement, improving access to healthcare services, promoting awareness and education, addressing socio-cultural barriers, enhancing data collection and research, fostering workplace policies and support systems, and encouraging multi-stakeholder collaboration, India can make strides in promoting the overall health and well-being of its urban working women. Investing in the health of urban working women is not only a moral imperative but also a strategic investment in India's economic and social development. Healthy and empowered urban working women can contribute to increased productivity, economic growth, and the overall well-being of families and communities. Ultimately, addressing the health concerns of urban

working women requires a holistic and intersectional approach that recognizes the multidimensional nature of their lived experiences. By prioritizing their health and well-being, India can unlock the full potential of this vital segment of its workforce and pave the way for a more equitable and prosperous society.

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