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WORK LIFE BALANCE
AND HEALTH CONCERNS OF WOMEN

A Survey

PHD RESEARCH BUREAU

PHD CHAMBER OF COMMERCE AND INDUSTRY

WORK-LIFE BALANCE

AND HEALTH CONCERNS OF WOMEN:

A SURVEY

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EXECUTIVE SUMMARY

India as a country is witnessing increasing visibility of women in public spheres with economic contribution in the different sectors; we also have successful women entrepreneurs and CEOs of large corporations who serve as role models for exemplary and ethical work. Further, India has had a history of having successful women leaders, right from the pre-independence era to the present day as the world's largest democracy.

Looking at gender, the labour force participation rate of women is low and a sizable gender gap persists. Moreover, when women work they tend to end up in marginal jobs. One of the most intense debates in recent years has centred on the declining labour force participation rate of women in India, which dropped from 42.7 per cent in 2004-05 to 31.2 in 2011-12. The latest data from the Labour Bureau indicates a similar participation rate of women in 2013-14 (31.1%).

Women's health has often been understood from the perspective of her potential motherhood. That is, the need for investing in a woman's health is argued from the standpoint that a healthy mother would have healthy children, and hence it becomes important to invest in women's health. Statistics on women's health generally emphasise on discussions around maternal mortality and infant mortality and seldom about health of women for the sake of women's health.

The Maternal Mortality Ratio and Infant Mortality Ratio are pertinent areas where much needs to be done to improve the health status of women in India. It is also important to understand women's health without the association of their reproductive responsibilities. Women need to be recognized as much more than their ability to bear children. Their ability for economic, social, and political participation is equally important and it is by bringing women to the forefront can this participation be optimized.

Given this context of poor health status of women coupled with pigeonholing the understanding of women's health, it becomes important to understand the health concerns of everyday women in their everyday activities. This report is one such an attempt- to answer questions around women's health for the sake of understanding it for what it is and not for the reproductive potential it holds. There is a clear lacuna in the availability of data from a gender perspective that does not tap on maternal roles.

The survey study is an endeavour to explore and strike a balance between work, life and health status of women in India. It explores the efforts made by the employer to provide a healthy work environment for their female employees. The results of the analysis have been divided into three basic categories; Work Life Balance, Health Concerns, and Workplace Health Provisions. Around 5000 working and non-working women were surveyed from the metropolitan cities such as Delhi, Mumbai, Bengaluru, Kolkata and Chennai by the Research Bureau of PHD Chamber during January-February 2017 through a structured questionnaire.

Of the 5000 surveyed women, 56% (2800) respondents were working women while 44% (2200) were non-working women.

According to the survey study, a majority of women (70%) work for 8-10 hours in a day travel as large as 30 kilometres and travel for more than an hour to reach their workplace. In spite of the long hours spent at work and the long travel distance, a positive trend in work satisfaction was seen. About 64% of the women participants stated that they were either completely satisfied or somewhat satisfied with their work, said the survey study.

However, majority of women (77%) said that Government should come out with effective policies for women empowerment and implement effectively the on ground policies for the empowerment and welfare of women in the society.

Interestingly, the majority of women (84%) reported that they devote 2-4 hours in household work and 49% said that they have domestic help to do household work. However, little support was seen coming from family members in running household errands with women, reflecting on the fact that the sole responsibility of home management has been always been on the lady of the house.

FACT SHEET
• 63% of women reported absenteeism from work due to health issues
• 41% women reported cold, cough and fever as the main reason for missing work
• Around 27% women reported aches and pains as the main health concern.
• 52% of women spend less than 10% of their income on health
• 58% women trust private healthcare facilities more than government or local clinics
• 37% women reported a provision of 3-6 months maternity leave
• Only 27% women reported having a dispensary with lady doctor in their workplace
• 83% of women reported having separate working toilets for then at workplace
• 69% women also had the provision of paid sick leaves at workplace
• 84% women devoted 2-4 hours for household work
• 49% reported having a domestic help for household work
• Only 2% women reported that they had facility of crèche in their offices
• Only 7% working women have work from home facility

The findings elucidate that a majority 63% women reported missing work (absenteeism) due to health issues. As many as 41% of women have reported cold, cough and fever as the main health reason for missing work. An equally interesting trend is the high percent of

aches and pains (27%) especially back pain and headache which has also been reported widely in the survey.

An analysis of the percentage of income spent on own health showed that 52% of women spent less than 10% of their income on health, while only 5% spent more than 40%.About 2% of the respondents said that they have crèche facilities in their offices. This is a major grey area where the employers can work to provide a conducive environment to their female employees.

Around 7% of the respondents said that they have work from home facilities in their offices. It was also found that work from home facility was availed more by women after marriage or child birth or in case of illness of a family member. It was found that 58% women trusted private healthcare facilities more than government or local clinics.

It was revealed from the analysis that 69% of the women had a provision of paid sick leaves at their respective work places. Also, about 37% of women reported 3-6 months maternity benefits being given to them.

The infrastructural provision showed that 83% of women's workplace had separate toilets for them. However, only 27% of working women reported having a dispensary with a lady doctor in their workplace.

Going ahead, the empowerment and sovereignty of women is a major concern and challenge for India. An improvement and advancement in the political, social and economic status of women can help address the major problem of gender inequality in workforce participation and decision making process at large. Furthermore, cleanliness and hygiene has also been considered as a pre-requisite for wellness in terms of a long and healthy life for women.

CHAPTER 1

Women's participation in growth and Development

Women in India have been more and more in the forefront of growth and development with significant contributions in many sectors. In education, girl children have been consistently showing better performance as school and college toppers across the country. India as a country is witnessing increasing visibility of women in public spheres with economic contribution in the different sectors; we also have successful women entrepreneurs and CEOs of large corporations who serve as role models for exemplary and ethical work. Further, India has had a history of having successful women leaders, right from the pre-independence era to the present day as the world's largest democracy.

The year 2016 has been exceptional when it comes to display of women power as far as Indian women are concerned. India had women achievers from all fields excelling in their chosen professions such as PV Sindhu (badminton), Priyanka Chopra (acting) and Sakshi Malik (wrestling). These women, young and old, have reached the pinnacle of success with sheer hard work and determination.

1.1 India's Gender Gap status

India has been ranked 87th out of 144 countries on the World Economic Forum's (WEF) Global Gender Gap Report 2016. India has climbed 21 spots from 108th position in 2015. The report measures gender gap as progress towards parity between men and women in four areas (i) Educational attainment, (ii) Health and survival, (iii) Economic opportunity and (iv) Political empowerment. Key Highlights of the report Top 5 Countries in 2016 Report: Iceland (1st), Finland (2nd), Norway (3rd), Sweden (4th) and Rwanda (5th).

In this edition of Global Gender Gap Report 2016, India has overtaken China which is ranked 99th. The improvement in India's ranking is driven largely by major improvements in

education, where it has managed to close its gap entirely in primary and secondary education.

In case of education attainment, India has made considerable strides moving up from 125th rank in 2015 to 113th in 2016. On economic participation and opportunity too, India has moved up to 136th rank in 2016, from 139th in the year 2015. On health and survival, India has made little progress moving up by one place to 142nd rank compared to 141st in 2015.

On political empowerment, India continues to be ranked 9th in the world. Overall Global Facts: The global march towards parity in key economic pillar has slowed down dramatically. This gap stands at 59% which is now larger than at any point since 2008.

As a consequence, global economic gender gap will now not close until year 2186. The gender gap in India has narrowed down. But India still remains one of the worst countries in the world for women in terms of labour force participation, income levels as well as health and survival.

India has closed its gender gap by 2% in a year (2016), but much work remains to be done to empower women in the economic sphere. India continues to rank third-lowest in the world on Health and Survival, remaining the world's least-improved country over the past decade.

COUNTRY SCORE CARD

	rank	score	avg	female	male	f/m ratio
Economic participation and opportunity	**136**	0.408	**0.586**			**0.41**
Labour force participation	135	0.344	0.665	28	82	0.34
Wage equality for similar work (survey)	103	0.573	0.622	—	—	0.57
Estimated earned income (US$, PPP)	137	0.232	0.502	2,103	9,045	0.23
Legislators, senior officials, and managers	—	—	0.358	—	—	—
Professional and technical workers	—	—	0.862	—	—	—
	rank	score	avg	female	male	
Educational attainment	**113**	0.950	**0.955**			**0.95**
Literacy rate	124	0.778	0.897	63	81	0.78
Enrolment in primary education	1	1.000	0.980	93	92	1.01
Enrolment in secondary education	1	1.000	0.970	62	61	1.01
Enrolment in tertiary education	99	0.936	0.930	23	25	0.94
	rank	score	avg	female	male	
Health and survival	**142**	0.942	**0.957**			**0.94**
Sex ratio at birth	142	0.893	0.918	—	—	0.89
Healthy life expectancy	71	1.054	1.043	59	56	1.05
	rank	score	avg	female	male	
Political empowerment	**9**	0.433	**0.233**			**0.43**
Women in parliament	112	0.136	0.269	12	88	0.14
Women in ministerial positions	50	0.286	0.238	22	78	0.29
Years with female head of state (last 50)	2	0.723	0.204	21	29	0.72

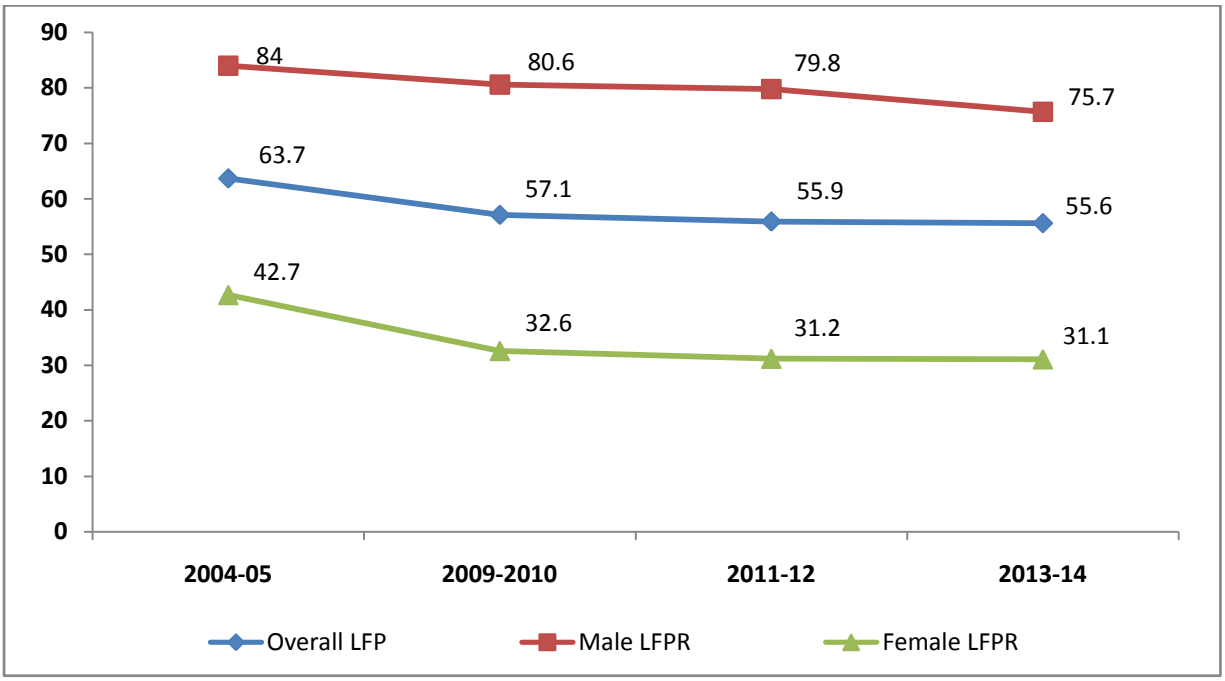
Source: PHD Research Bureau, PHD Chamber of Commerce & Industry compiled from Global Gender Gap Report 2016

1.2 Trends in women's labour force participation in India

The National Sample Survey (NSS) (68th Round) showed that employment grew strongly from 2009-10 to 2011-12 in comparison to the previous period. The total workforce (based on the usual status definition ;) in the country increased from 459 million in 2009-10 to 472.9 million in 2011-12.

Taking a longer-term perspective, employment has grown faster for men and in urban areas. In this regard, male employment grew by 1.9 per cent per annum from 1999- 2000 to 2011-12, while female employment increased by just 0.3 per cent on an annual basis. Looking at gender, the labour force participation rate[1] of women is low and a sizable gender gap persists. Moreover, when women work they tend to end up in marginal jobs. One of the most intense debates in recent years has centred on the declining labour force participation rate of women in India, which dropped from 42.7 per cent in 2004-05 to 31.2 in 2011-12. The latest data from the Labour Bureau indicates a similar participation rate of women in 2013-14 (31.1%).

Fig: Labour force participation Rate (%) in India



Source: PHD Research Bureau, PHD Chamber of Commerce and Industry, compiled from National Sample Survey, various rounds and Labour Bureau's 2013-14 annual employment and unemployment data

One of the major concerns in the disparity is the invisibility of women's work in the different domains. For instance, domestic work is not considered as work because it does not provide economic returns, and that societal norms dictate that housework is the work of a woman.

In the report released by the high-level panel set up by the UN Secretary-General titled "Leave No one Behind," startling statistics about the state of labour among women come to

[1] LFPR is defined as the number of persons/ person-days in the labour force per 1000 persons /person-days.

the fore. It states that over 51% of work done by women in India does not get monetary compensation, and is unpaid labour, essentially and unaccounted for in national statistics.

Employment disparity needs to be understood from two key perspectives: one is the less number of women participating in the labour force, and the second is the difficulties that women face in excelling in their respective fields of work.

The debate of pay disparity among men and women employed in the same work categories have been persistent in all sectors of work right from the unorganized, daily wage labour to the private sector. Multiple explanations are provided for this gender disparity. From the psychological perspective, it is stated that women do not actively assert for equal pay because of low self- esteem. Further, the ingrained perception that work is a man's domain reinforces this belief. From a sociopolitical perspective, the lack of recognition of women's work as part of productive labour and a system that creates unfair segregation of pay and access to different forms of work based on gender deepens the divide.

Women are still struggling to gain access to, and to control resources. This lack of access to resources, along with a society that is deeply patriarchal creates obstacles for women to realize their potential and to optimize their capabilities. Development and growth makes little sense if there is no parity and equality in the access to economic independence.

CHAPTER 2

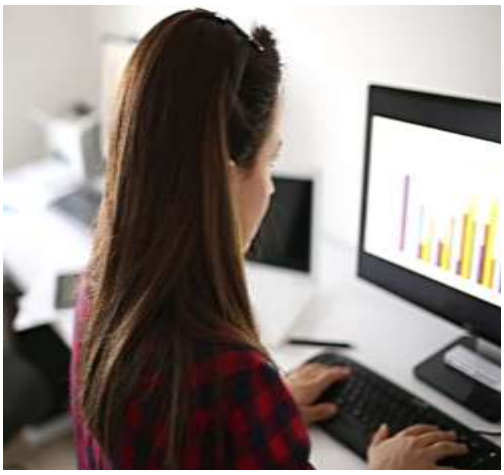
Challenges of working women

While on the one hand there are concerns around women not having access to economic independence, the other side of the story is that of the difficulties that working women face. One of the key concerns in this regard is the double burden that women face in handling a full time job and all the household work that has been considered as duties of women.

The most commonly used term in this reference is the work- life balance. It describes the practices used by an employee in striking a balance between expected duties, responsibilities at the work place vis-à-vis the roles and responsibilities that she holds as a member of a family and community. Often, this balance is a fine one with interests of both aspects at loggerheads leaving the individual grappling with available time to make the most of situations. The concept of work-life balance is of crucial importance for women in India.

Given that Indian society is entrenched in patriarchal norms, economic empowerment alone does not change the status of women. Having economic independence only provides limited scope for decision making. It is now a reality that working women in India balance two work spheres- one wherein there is economic enumeration, and the other is housework, which is considered a duty of women. Gender equality in work is not just about women having greater access to full time work and pay parity, it is also about men participating in household work that is for the common good of the family members, like daily chores that is usually unpaid.

The perception of housework as women's work is deep rooted and takes a toll on women in different ways. Given the lack of sufficient time for self, women are also known to delay availing medical care for health concerns. Uncertain economic conditions in the family and mounting responsibilities provide little option for women but to continue a stressful lifestyle. Further, little time for oneself implies poor social life. Women have been known to have fewer friends after marriage due to the expectation that the family would be the most important priority. This further limits women's social support outside of the immediate family.



The burden of dual work responsibilities further reinforces the belief that women cannot take up big positions at workplace that would require more time and quantity of work, and it thus forms a vicious circle. Further, the fact that it is a woman who bears children and acts as a primary caretaker is also a main explanation given for women not holding major responsibilities. Many a times, women internalise these societal and cultural norms, which then act as self- fulfilling prophesies. This explains why women take up clearly gender specific work roles, like that of a teacher, which provides them sufficient time and opportunity to balance both work and life expectations.

However, with work places becoming more and more informal and unorganised, women now do not enjoy the same kind of provisions that were once available. For instance, many private corporations are seldom employee- friendly for women in providing adequate maternity benefits. This forces women to quit their jobs to have a child, or postpone having a child for the sake of career development.

Indira Nooyi, the CEO of Pepsico has been consistently ranked among the World's 100 Most Powerful Women. In 2014, she was ranked at 13 on the list of Forbes World's 100 most powerful women and was ranked the 82nd most powerful woman on the Fortune list in 2016. In her talk on Why Women Can't Have It All , she has clearly captured the difficulty of being a woman in a world that has built workspaces by and for men with little consideration for the needs of women.

"My observation…is that the biological clock and the career clock are in total conflict with each other. Total, complete conflict. When you have to have kids you have to build your career."

"You know, stay at home mothering was a full time job. Being a CEO for a company is three full time jobs rolled into one. How can you do justice to all? You can't."

Major Challenges of working women

Reasons of occupational stress Imbalance between work and family leads to occupational stress. Imbalance between work and family life arises due to a number of factors. Various factors are following.

1. Sexual and mental harassment:

Today, almost all working women are prone to sexual harassment irrespective of their status, personal characteristics and the types of their employment. They face sexual harassment on way on transports, at working places, educational institutions and hospitals and at home Most of the women tend to be concentrated in the poor service jobs whereas men are in an immediate supervisory position, which gives them an opportunity to exploit their subordinate women.

2. Discrimination at Workplace:

Indian women still face discrimination at their workplaces. They are often deprived of promotions and growth opportunities at work places.

3. Lack of Family Support:

Lack of proper family support is another issue that working women suffers from. At times, the family doesn't support women to leave the household work and go to office. They also resist for women working till late in office which also hampers the performance of the women and this also affects their promotion.

4. Lack of provisions for women to have a healthy work- life balance

Lack of provisions for women, for instance, complete absence or minimal provision of maternity benefits is one of the major reasons for women to quit their work. This is worse for individuals who are in insecure and temporary positions that doesn't guarantee any benefits. With the workspace becoming more and more unorganized, health and vacation benefits are a luxury available only to a few positions.

5. Work Schedule

Certain work styles that were once considered as normal for male employees might not be so for women. For instance, work timings that go late into the night create a major threat to personal safety for women employees. Inspite of several measures taken up by organisations, women are assaulted because of the very reason that they break the cultural norms and are visible in public spaces at such 'inappropriate' hours.

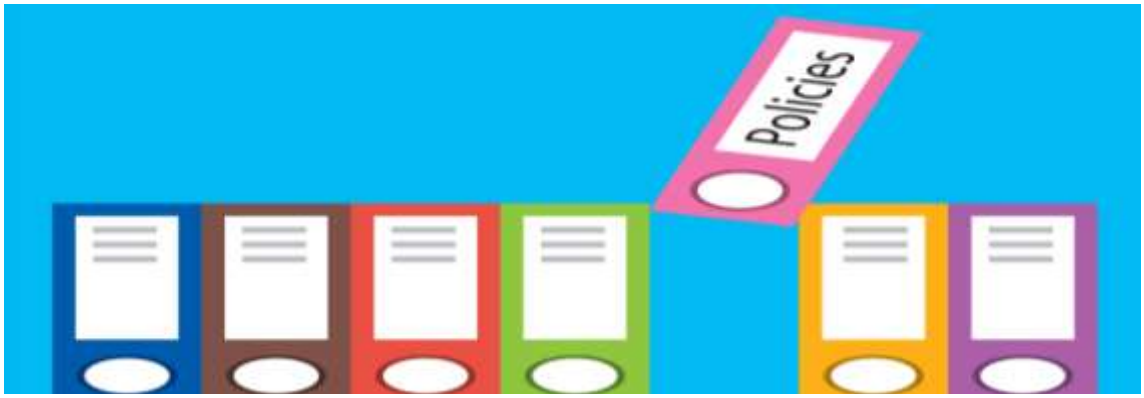
6. Other reasons

It include Personal demographics like age, level of education, marital status, number of children, personal income and number of jobs currently had where you work for pay and Work situation characteristics like job tenure, size of employing organization, hours worked per week.

Going ahead, in order to increase employment participation of women, organisations and industries need to become sensitive of women's needs so that they will be able to perform optimally. Some of the concerns that working women deal with are in regard to work timings and the number of work hours, commuting to and from workplace, poor organisational infrastructure that is insensitive to the needs of women, and poor organisational benefits like sick leave and maternity benefits. The difficulties listed above coupled with the demands of housework, work- life balance is a difficult task many women grapple with on an everyday basis. Thus, understanding the concerns around women's participation in the workforce is not simple and requires a keen understanding of the socio-political and cultural milieu that helps/ hinders the empowerment of women.

CHAPTER 3

Policies, schemes and laws for women empowerment in India



Women form an integral part of the workforce in India. A list of provisions and benefits for working women has been laid out by the Government of India. A list of protective measures have been laid out in Box 1, but women- friendly work models need to be explored to not just cater to safety, but to ensure that workplaces are sensitive to the needs of women.

Box 1: Protective provisions for women employees:

Some of the important protective provisions for safeguarding the interests of working women are:

1. **The Sexual Harassment of Women at workplace (Prevention/Prohibition and Redressal) act, 2013**
   A legislative act in India that seeks to protect women from sexual harassment at their place of work. The Act will ensure that women are protected against sexual harassment at all the work places, be it in public or private. Under the Act, which also covers students in schools and colleges as well as patients in hospitals, employers and local authorities will have to set up grievance committees to investigate all complaints. Employers who fail to comply will be punished with a fine of up to 50,000 rupees. The Family Courts.

2. **Safety/Health Measures**

- Section 22(2) of the Factories Act, 1948 provides that no woman shall be allowed to clean, lubricate or adjust any part of a prime mover or of any transmission machinery while the prime mover or transmission machinery is in motion, or to clean, lubricate or adjust any part of any machine if the cleaning, lubrication or adjustment thereof would expose the woman to risk of injury from any moving part either of that machine or of any adjacent machinery.
- Section 27 of the Factories Act, 1948 prohibits employment of women in any part of a factory for pressing cotton in which a cotton opener is at work.

3. Prohibition of Night Work

- Section 66(1)(b) of the Factories Act, 1948 states that no woman shall be required or allowed to work in any factory except between the hours of 6 a.m. and 7 p.m.
- Section 25 of the Beedi and Cigar Workers (Conditions of Employment) Act, 1966 stipulates that no woman shall be required or allowed to work in any industrial premise except between 6 a.m. & 7 p.m.
- Section 46(1)(b) of the Mines Act, 1952 prohibits employment of women in any mine above ground except between the hours of 6 a.m. and 7 p.m.

4. Prohibition of Sub-terrain Work

- Section 46(1)(b) of the Mines Act, 1952 prohibits employment of women in any part of a mine that is below ground.

5. Maternity Benefit

The Maternity Benefit Act, 1961 regulates the employment of women in certain establishments for certain periods before and after child-birth and provides maternity benefits. The Building and Other Constructions (Regulation of Employment and Conditions of Service) Act, 1996 provides for maternity benefit to female beneficiaries of the Welfare Fund.

6. Provisions for Separate Latrines and Urinals

Provision for separate latrines and urinals for female workers exist under the following:

- Rule 53 of the Contract Labour (Regulation and Abolition) Act, 1970.
- Section 19 of the Factories Act, 1948.
- Rule 42 of the Inter State Migrant Workmen (RECS) Central Rules, 1980.
- Section 20 of the Mines Act, 1952.
- Section 9 of the Plantations Labour Act, 1951.

7. Provisions for Separate Washing Facilities

Provision for separate washing facilities for female workers exists under the following:

- Section 57 of the Contract Labour (Regulation and Abolition) Act, 1970.
- Section 42 of the Factories Act.
- Section 43 of the Inter-State Migrant Workmen (RECS) Act, 1979.

8. Provision for Crèches

Provision for crèches exists under the following:

- Section 48 of the Factories Act, 1948.
- Section 44 of the Inter State Migrant Workmen (RECS) Act, 1979.
- Section 12 of the Plantations Labour Act, 1951.
- Section 14 of the Beedi and Cigar Workers (Conditions of Employment) Act, 1966.
- Section 35 of the Building and other Constructions (Regulation of Employment and Conditions of Service) Act, 1996.

Source: PHD Research Bureau, Compiled from Ministry of Labour & Employment, Government of India.

Some of the schemes for women empowerment in India are as follows:

S.No	Schemes	Description
1	**Beti Bachao Beti Padhao Scheme**	Beti Bachao, Beti Padhao (Save girl child, educate girl child) is Central Government Sponsored Scheme by Government of India. The prime goal of this scheme is to generate awareness and improving the efficiency of welfare services meant for women. Also, it aims to Celebrate the Girl Child & Enable her Education.
2	**One Stop Centre Scheme**	One Stop Centres (OSC) are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace.
3	**Women Helpline Scheme**	The Scheme of Universalisation of Women Helpline is meant to provide 24 hours immediate and emergency response to women affected by violence through referral (linking with appropriate authority such as police, One Stop Centre, hospital) and information about women related government schemes programs across the country through a single uniform number.
4	**Working Women Hostel**	This scheme aims to promote availability of safe and conveniently located accommodation for working women who need to live away from their families due to professional commitments.
5	**Rajiv Gandhi National Creche Scheme For the Children of Working Mothers**	The scheme provides facility which supports/ make able to parents to leave their children while they are at work and where children are provided the stimulating environment for their holistic development. Creches are developed in such a way that they provide group care to children, usually up to 6 years of age, who need care, guidance and supervision away from their home during the day
6	**SWADHAR Greh - A Scheme for Women in Difficult Circumstances**	This scheme is meant to provide temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or are being forced into prostitution and are in moral danger

7	**Support to Training and Employment Programme for Women (STEP)**	Under this scheme, Training is provided to poor and marginalized women in traditional trades which are largely in the informal sector. The Programme of STEP advocates the objective of extending training for up-gradation of skills and employment for women through a variety of action-oriented projects.
8	**Indira Gandhi Matritva Sahyog Yojana (IGMSY)**	This scheme is for the pregnant and lactating women of 19 years of age or above for first two live births to contribute to a better enabling environment by providing conditional cash transfer for improved health and nutrition and to also promote health and nutrition seeking behaviour in them.

Source: PHD Research Bureau, PHD Chamber of Commerce & Industry, compiled from Ministry of Women & Child Development

Budget allotments for women welfare:

	Welfare of Women	Under Maternity Benefit Scheme, Rs. 6,000 to be transferred to pregnant women, who undergoes institutional delivery and vaccination for their children. Mahila Shakti Kendra to set up with a budget allocation of Rs. 500 crores in 14 lakh ICDS Anganwadi Centers.	This will increase the standard of living of women and will help them raise their children properly. This will encourage the women in giving their children proper vaccinations which is necessary after the birth. This will provide support services to rural women with opportunities for skill development, employment, digital literacy, health and nutrition by empowering them.

Source: PHD Research Bureau, PHD Chamber of Commerce & Industry, compiled from Budget Analysis Report 2017-18

CHAPTER 4

Understanding women's health in India

Gendered vulnerability and disparity in health has been evident across the lifespan of women in India right from conception into old age. Understanding women's health needs to take a lifespan approach to make sense of a deep-rooted practice that discriminates the health needs of women and girl children in India.

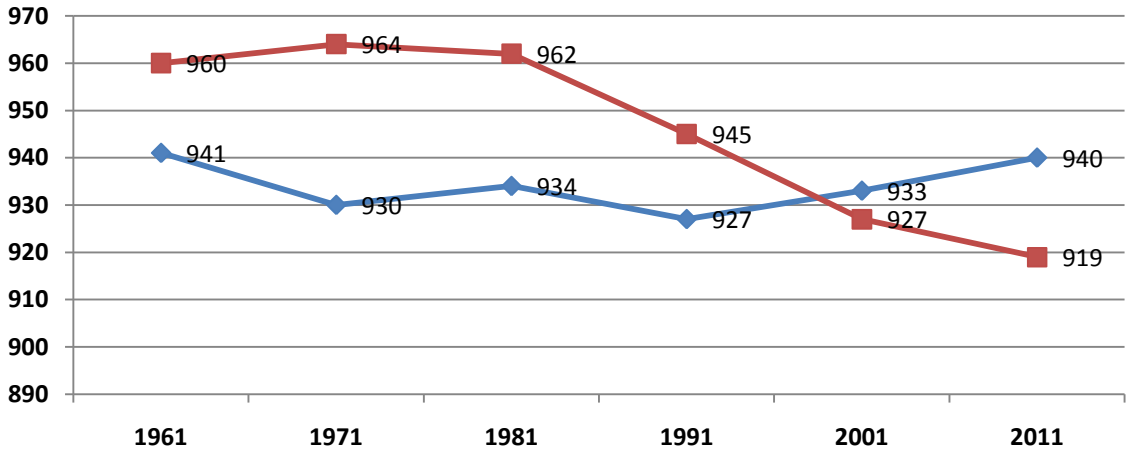
India has long been fighting to end practices that discriminate against girl children even before they are born. The Pre-conception and Pre-natal Diagnostic Techniques Act of 2004 was passed to this end to curb sex detection of foetuses and decreasing the practise of aborting female children. Health of girl children and women in India has suffered due to the socio- cultural discrimination and differential treatment in access to health and nutrition.
The words of Amartya Sen (1990), best describes the key difference in gender concerns across different countries and cultures:

"Women outnumber men substantially in Europe, the US, and Japan, where, despite the persistence of various types of bias against women (men having distinct advantages in higher education, job specialization, and promotion to senior executive positions, for example), women suffer little discrimination in basic nutrition and health care."

This is probably one of the most pressing concerns that plague countries like India. The societal systems that provide preferential treatment to boys for even the most basic rights like nutrition, health, education, and survival in every stage of their life is so entrenched that the struggle for parity is a long one.

According to the Census (2011) data, even though the overall sex ratio[2] saw an increase from 933 females for every 1000 males in 2001 to 943 females, the child sex ratio (0-6)[3] has decreased from 927 in 2001 to 919 in 2011. This is a worrying trend since governmental measures like prohibition of sex determination of child and incentives to have girl children has shown little change in people's attitude.

Fig: Sex ratio and Child Sex ratio in India



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry, compiled from Census data. Note: The data pertains to the Census data of India starting from the year 1961 to 2011.

The major cause of the decrease of the female birth ratio in India is considered to be the violent treatments meted out to the girl child at the time of the birth. Though the Sex Ratio in India has gone through commendable signs of improvement in the past 10 years, there are still some states where the sex ratio is still low and is a cause of concern for the nation. One of the states which is showing a decreasing trend in the population of women 2011 and is a cause of concern is Haryana. The state of Haryana has the lowest rate of sex ratio in India and the figure shows a number of 877 of females to that of 1000 of males.

There are also states such as Puducherry and Kerala where the number of women is more than the number of men. Kerala houses a number of 1084 females to that of 1000 males. While Puducherry and Kerala are the only two states where the number of female is more than the number of men, there are also states in India like that of Karnataka, Andhra Pradesh and Maharashtra where the sex ratio 2011 is showing considerable signs of improvement. Some facts related to the Sex Ratio in India follows, the main cause of the decline of the sex ration in India is due to the biased attitude which is meted out to the women. The main cause of this gender bias is inadequate education. Pondicherry and Kerala houses the maximum number of female while the regions of Daman and Diu and Haryana have the lowest density of female population.

[2] Sex ratio is used to describe the number of females per 1000 of males.
[3] Child Sex Ratio is defined as the number of females per thousand males in the age group 0–6 years in a human population

Common Health and Survival Issues Faced by Women in India

Indian women face a host of issues around healthcare which are intrinsically linked to their status in society. This brief focuses on key issues of nutritional status, reproductive health and unequal treatment of girls and boys which affect women most deeply. A serious concern for adolescent girl children is the scenario of early marriages. Although it is unthinkable for an urban, educated and employed individual, the reality is that a significant percentage of girls in India are married off at a very young age. This has several health implications. Young wives become young mothers due to their lack of agency to assert the planning of a family. A young girl with poor nutrition and poor education is ill equipped to have a healthy baby and to raise a healthy baby. The grim reality of it is seen in the rates of infant and maternal mortality in the country.

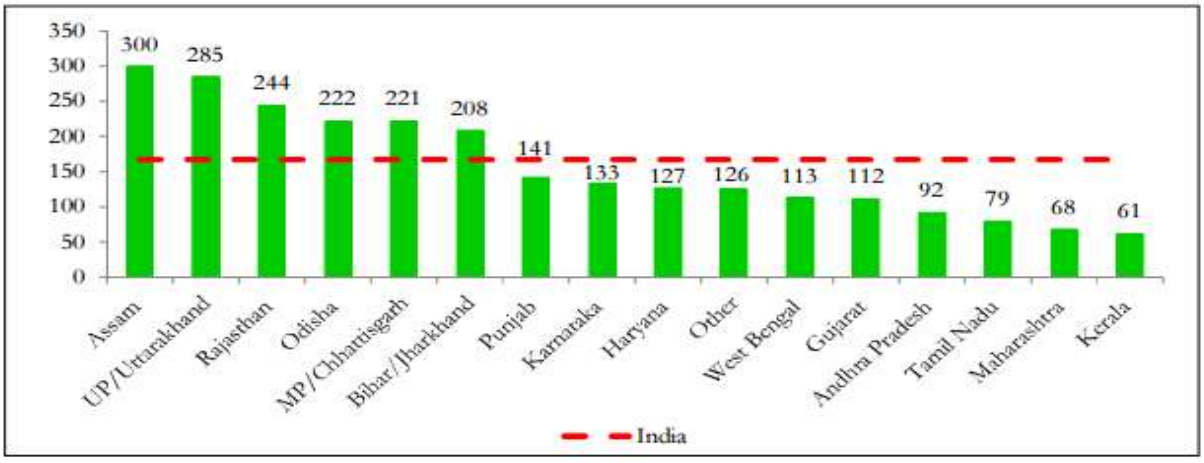
1. Maternal Health

India's total fertility rate (TFR) has been steadily declining and was 2.3 (rural 2.5 & urban 1.8) during 2014. Infant Mortality Rate[4] (IMR) has declined to 37 per 1000 live births in 2015 from 44 in 2011. The challenge lies in addressing the huge gap between IMR in rural (41 per 1000 live births) and urban (25 per 1000 live births) areas.

The Maternal Mortality Ratio[5] (MMR) declined from 301 maternal deaths per 100,000 live births during 2001-03 to 167 maternal deaths per 100,000 live births during 2011-13.

There are wide regional disparities in MMR, with States like Assam, Uttar Pradesh, Rajasthan, Odisha, Madhya Pradesh and Bihar recording MMR well above the all India MMR of 167. Therefore, in addition to reducing the all India MMR in line with SDG 3 targets, by improving health and nutritional status of women, there is need to focus on States with MMR higher than the national average.

Fig: Maternal Mortality Ratio by states, 2011-13 (per 100000 live births)



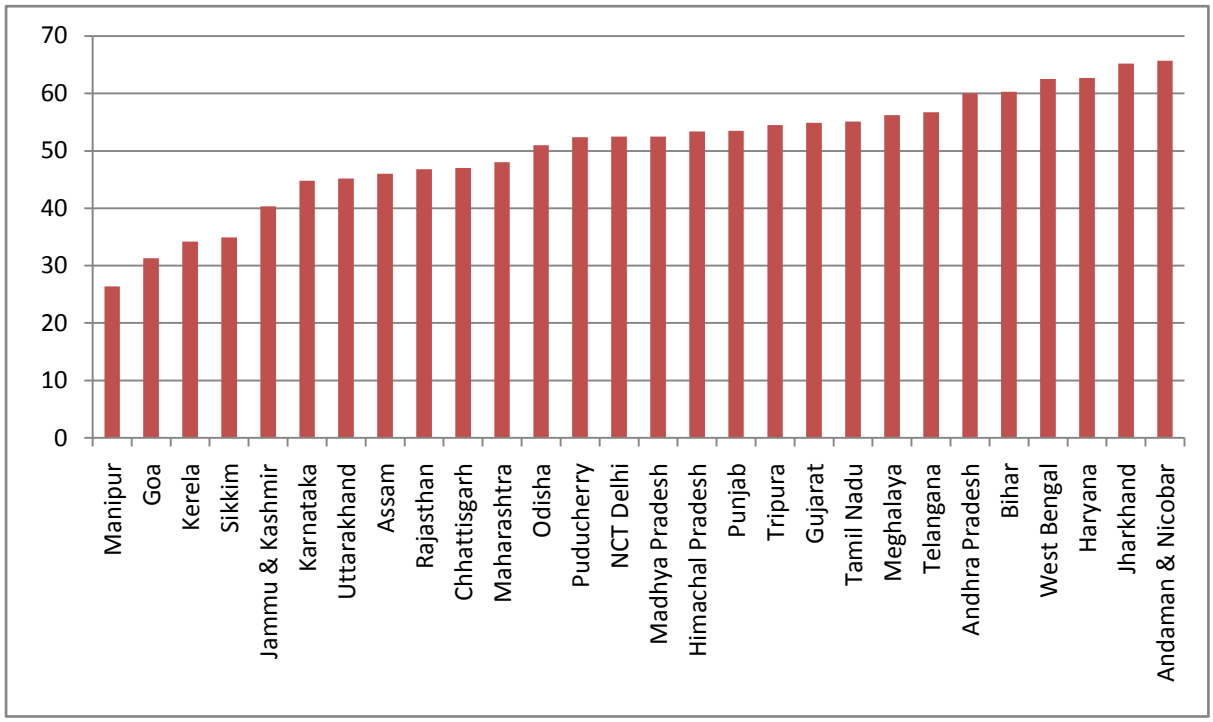
Source: PHD Research Bureau, PHD Chamber of Commerce & Industry compiled from MMR Bulletin, 2011-13, Ministry of Health & Family Welfare

[4] IMR measures number of infant(< 1 year) deaths per 1000 live births.
[5] MMR measures number of women aged 15-49 years dying due to maternal causes per 1,00,000 live births.

2. Anemia prevalence

The high levels of anemia prevalent among women in the age group 15-49 have a direct correlation with high levels of MMR. In Andhra Pradesh, Bihar, West Bengal, Haryana, Jharkhand and Andaman & Nicobar more than 60 % of women suffer from anemia Under the National Health Mission, Government of India has programmes to address the issue of anaemia through health and nutrition education to promote dietary diversification, inclusion of iron foliate rich food as well as food items that promote iron absorption.

Fig: All women age 15-49 years who are anemic (%) across Indian states



Source: PHD Research Bureau, PHD Chamber of Commerce and Industry, compiled from National Family Health Survey 2015-16

Table: Status of different states of India for women's health and education

States/Union Territories	Sex ratio of the total population (females per 1,000 males)	Sex ratio at birth for children born in the last five years (females per 1,000 males)	Women who are literate (%)	Women with 10 or more years of schooling (%)	Total fertility rate (children per woman)	Infant mortality rate (IMR)	Women whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m2) 14 (%)	Women who are overweight or obese (BMI ≥ 25.0 kg/m2) 14 (%)	All women age 15-49 years who are anaemic (%)
Andaman	977	859	84.1	49.1	1.5	10	13.1	31.8	65.7
Andhra Pradesh	1,020	914	62.9	34.3	1.8	35	17.6	33.2	60
Assam	993	929	71.8	26.2	2.2	48	25.7	13.2	46
Bihar	1,062	934	49.6	22.8	3.4	48	30.4	11.7	60.3
Chhattisgarh	1,019	977	66.3	26.5	2.2	54	26.7	11.9	47
NCT Delhi	849	817	81.8	55.4	1.7	35	12.8	34.9	52.5
Goa	1,018	966	89	58.2	1.7	13	14.7	33.5	31.3
Gujarat	950	907	72.9	33	2	34	27.2	23.7	54.9
Haryana	876	836	75.4	45.8	2.1	33	15.8	21	62.7
Himachal Pradesh	1,078	936	88.2	59.4	1.9	34	16.2	28.6	53.4
Jammu & Kashmir	972	922	69	37.2	2	32	12.1	29.1	40.3
Jharkhand	1,002	919	59	28.7	2.6	44	31.5	10.3	65.2
Karnataka	979	910	71.7	45.5	1.8	28	20.7	23.3	44.8
Kerala	1,049	1,047	97.9	72.2	1.6	6	9.7	32.4	34.2
MP	948	927	59.4	23.2	2.3	51	28.3	13.6	52.5
Maharashtra	952	924	80.3	42	1.9	24	23.5	23.4	48
Manipur	1,049	962	85	45.9	2.6	22	8.8	26	26.4
Meghalaya	1,005	1,009	82.8	33.6	3	30	12.1	12.2	56.2
Odisha	1,036	933	67.4	26.7	2.1	40	26.4	16.5	51
Punjab	905	860	81.4	55.1	1.6	29	11.7	31.3	53.5
Puducherry	1,068	843	85	60.3	1.7	16	11.3	36.7	52.4
Rajasthan	973	887	56.5	25.1	2.4	41	27	14.1	46.8
Sikkim	942	809	86.6	40.7	1.2	29	6.4	26.7	34.9
Tamil Nadu	1,033	954	79.4	50.9	1.7	21	14.6	30.9	55.1
Telangana	1,007	874	65.2	43.3	1.8	28	23.1	28.1	56.7
Tripura	998	966	80.4	23.4	1.7	27	18.9	16	54.5
Uttarakhand	1,015	888	76.5	44.6	2.1	40	18.4	20.4	45.2
West Bengal	1,011	960	71	26.5	1.8	27	21.3	19.9	62.5

Source: PHD Research Bureau, PHD Chamber of Commerce & Industry Compiled from National Family Health Survey 2015-16

Need of an improvement in maternal health

Women's health has often been understood from the perspective of her potential motherhood. That is, the need for investing in a woman's health is argued from the standpoint that a healthy mother would have healthy children, and hence it becomes important to invest in women's health. Statistics on women's health generally emphasise on discussions around maternal mortality and infant mortality and seldom about health of women for the sake of women's health.

The Maternal Mortality Ratio and Infant Mortality Ratio are pertinent areas where much needs to be done to improve the health status of women in India. It is also important to understand women's health without the association of their reproductive responsibilities. Women need to be recognised as much more than their ability to bear children. Their ability for economic, social, and political participation is equally important and it is by bringing women to the forefront can this participation be optimised. Given this context of poor health status of women coupled with pigeonholing the understanding of women's health, it becomes important to understand the health concerns of everyday women in their everyday activities.

This report is one such an attempt- to answer questions around women's health for the sake of understanding it for what it is and not for the reproductive potential it holds. There is a clear lacuna in the availability of data from a gender perspective that does not tap on maternal roles. We have very little information, for instance, as to what is the most pressing medical concern that women working in the private sector in an urban metro city face. This prompted us to explore what are the health concerns that women in urban India face.

Also, given that there is an increase in women participating in economic contribution, we wanted to explore whether there is any difference in the health patterns of women who are employed and women who are unemployed. With research pointing that economic empowerment does not translate to greater decision making authority, it becomes important then to understand women's level of autonomy in making decisions at home, at work, and in regard to their health. Finally, to understand how sensitive organisations are in catering to the needs of their women employees, organisational benefits and infrastructure availabilities that are needed for women are analysed.

CHAPTER 5

Research Methodology & Objectives

The methodology section elaborates on the *how* aspect of the study. It elucidates the objective of the present research, the methods used in data collection, the specific domains explored, the sample of the study and the method of data analyses.

5.1 Objectives of the research

- To understand women's workload in terms of paid work and unpaid household work
- To explore women's freedom to make decisions at work and home, and patriarchal practices in these domains of their lives
- To understand the key health concerns of women and their family members and the expenditures towards the same
- To explore the infrastructural facilities and benefits that are available/unavailable to women employees.
- To draw conclusions and recommendations based on the findings of the present survey.

5.2 Research methods

The present survey was an exploratory research with the primary intention of understanding women's health concerns, especially among working women. The study ensured that it captured the experience of women from different walks of life. The survey consisted of both close and open-ended questions that tap on the following key themes:

5.2.1 Work- related information

This aspect of the study unpacked the various aspects around work, right from the basic information and moved towards understanding the time and effort put in the work sphere. This included number of working hours, distance to work and the time taken for travel. Further, aspect on work satisfaction, work environment, and scope for decision making were explored.

5.2.2 Home information

To understand the latter half of the concept of work-life balance, questions about the time put in house work and presence or absence of help at home were explored. Further, the ability to make decisions at home and one's satisfaction as a homemaker were explored in detail.

5.2.3 Health information

This section mainly looks at the key health concerns of women, their families and the major reasons for missing work. Further, information on insurance for paying for health expenses, and percentage of earnings every month that is spent on one's own health are explored.

5.2.4 Workplace benefits specifically for women

Finally, the study explored the provisions and benefits at the workplace that are sensitive to the needs of women. The study explored a range of provisions from simple benefits like paid sick leaves to maternity benefits, and insurance for dependents.

5.3 Tools of study

A primary survey tool was prepared to explore the key themes of the present study. The survey was filled by the researcher for participants who were not literate. The questions are a mix of both close and open-ended questions in order to obtain objective information, as well as get responses from the participants' perspective for the key domains discussed above. Further, data was analysed using descriptive techniques to obtain a snapshot of each of the domains.

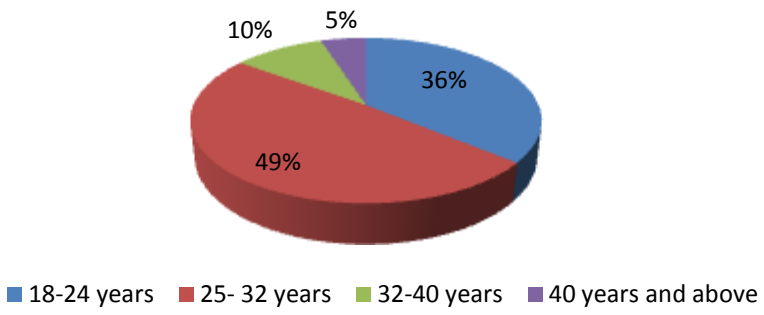
5.4 Participants' profile

The survey was answered by 5000 respondents from metropolitan cities of Bangalore, Chennai, Delhi, Kolkata and Mumbai. The participants of the study included only women from the age of 18 and above. Of the 5000 surveyed women, 56% (2800) respondents were working women while 44% (2200) were non-working women. The profiles of the participants are elaborated below:

Age

Majority of respondents (49%) were in the age group of 25-32 years, followed by women in the 18-24 years age group (36%). 10% of the respondents were in the age group of 32- 40 years and the remaining 5% were of 40 years and above. The survey was taken by married women (40%) as well as unmarried women (60%).

Fig: Age distribution of the respondents

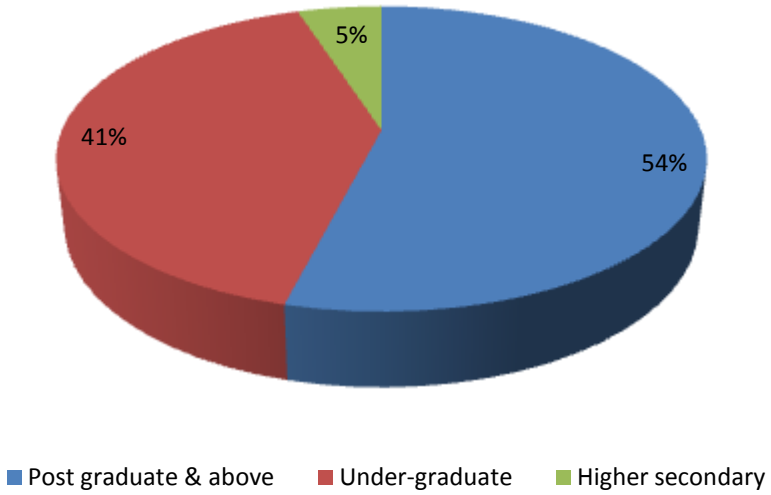


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

Level of education

About 50% of the participants had either post graduate or above level of education. Further 45% of respondents were under graduates and only 5% had a level of education at either higher secondary or 10th standard.

Fig: Level of education of respondents

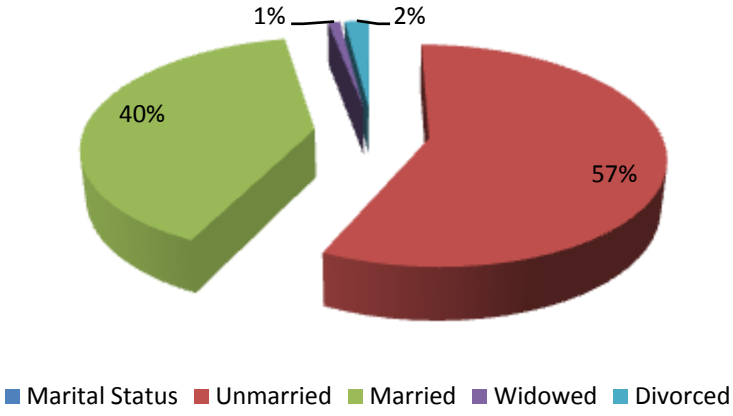


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

Marital status

The survey was taken by married women (40%) as well as unmarried women (57%) and the remaining 2% are divorced and 1% are widowed.

Fig: Marital Status of respondents (in percentage)



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

CHAPTER 6

Results and Analyses

The results and analyses section is divided into three sections which are briefly explained below:

- *Work- life balance* explored through the total amount of time spent on employment and household work, distance and mode of transportation, work satisfaction, decision making at home and at workplace, and gender based existence of unfair hierarchies at work and home.

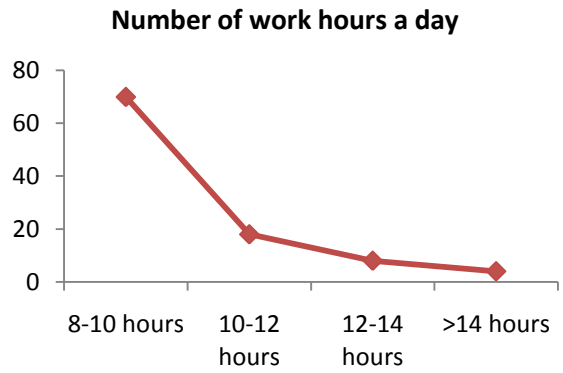
- *Health concerns* explored through the main health concerns of women and their household members, reasons for missing work, expenditure on one's own health, and access to healthcare provisions like insurance coverage.

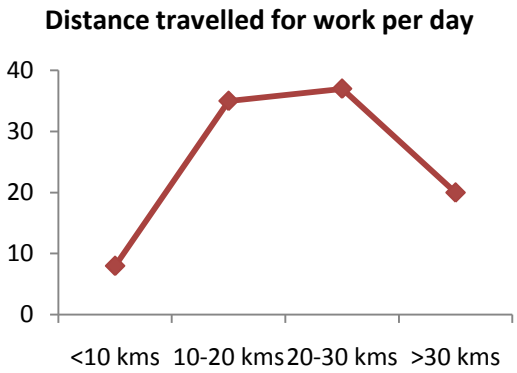
- *Workplace health provisions* explored through the organizational provisions of benefits that cater to the needs of all employees, especially women. These include availability of infrastructure like separate toilets and dispensaries for women to benefits like maternity leave and medical coverage for dependents.

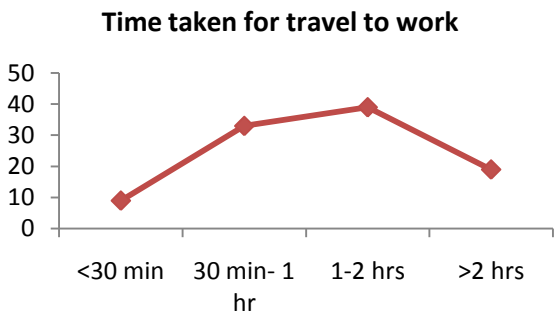
6.1 Work-life balance

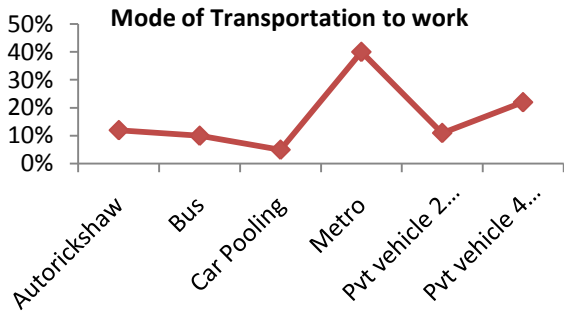
The concept of work- life balance is key for a healthy family and work life and for a productive style of work. However, many a times, the priorities of personal life are put on hold due to work pressures. One of the key concerns for women on an everyday basis is the management of two work spheres- organization and home. In order to explore the amount of time women spend at work, and at home and the provision for help in one's personal life were explored.

Fig 1: A Representation of Work-Life Balance of Women







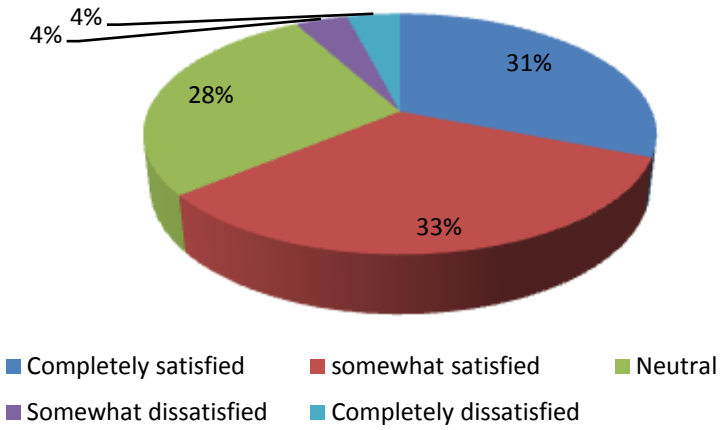


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

The findings reveal that a majority of women (70%) work for a duration of 8-10 hours a day. Further, most of them travel long distances to work. The graph on distance travelled to work shows that only a minority lives within 10 kilometers distance from the workplace while almost 57% respondents state that they travel more than 20 kilometers for work every day.

On similar lines, only a minority (less than 10%) have a short travel time of less than 30 minutes, while a large majority travel for more than an hour everyday with about 19% stating they travel more than 2 hours in a day for work. The analysis of mode of transport to work shows that a large number of women prefer to travel by metro or their own personal vehicle (4 wheeler), while only 5% of respondents resort to car pooling for travelling to their workplaces.

Fig: Work Satisfaction Responses of Women



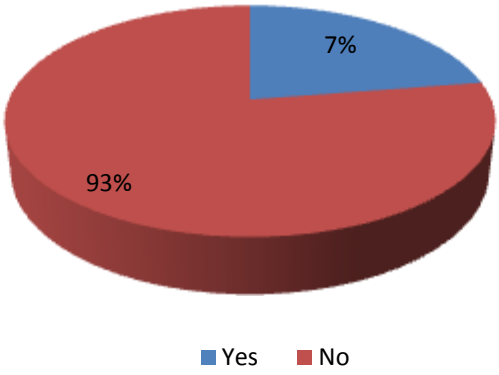
Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

Given that women travel long distances and spend a lot of time in travel, they still show a positive trend in work satisfaction wherein about 64% of respondents stated that they are either completely or somewhat satisfied with their work.

The survey revealed that only 7% of working women have work from home facility while majority of the respondents (93%) do not have the facility. On further interactions, it was

found that majority of the respondents who have work from home facility would avail it only after marriage or child birth or in case of serious illness of a family member(s).

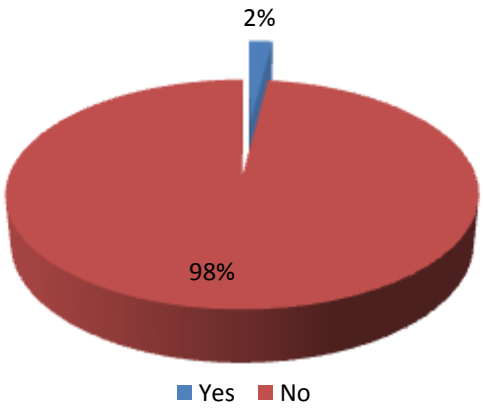
Fig: Work from home facility to female employees (in %)



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

During the course of the survey, it was found that around only 2% of the respondents had facility of crèche in their offices while 98% of the respondents do not have crèche/ day care facility in their office premises. Consequently, a large majority of the respondents said that they opt for sabbatical after childbirth or go for long holidays to take care of their child. Further, it was found that the concentration of crèche facility is more in Consultancies particularly multi-national consultancies than any other sector which reiterates that the other sectors must also initiate women friendly measures to retain their employees.

Fig: Availability of crèche/ day care facility in offices



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An open ended question on understanding inappropriate behavior and exhibition of authority of other employees in the workplace showed a positive trend wherein majority of women reported that their workplace is friendly and conducive. However, a few responses emerged which showed that women deal with comments and non-verbal cues that show authority, and how they have to deal with it tactfully. For instance, the statement by one

respondent, *"Sometimes it happens. But I'm able to handle the misbehaving and dominance."*

Fig: Hours devoted for household work

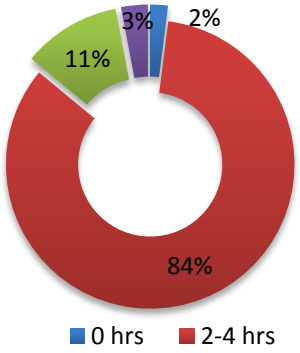
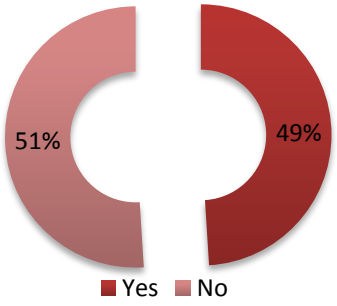


Fig: % of women with domestic helper

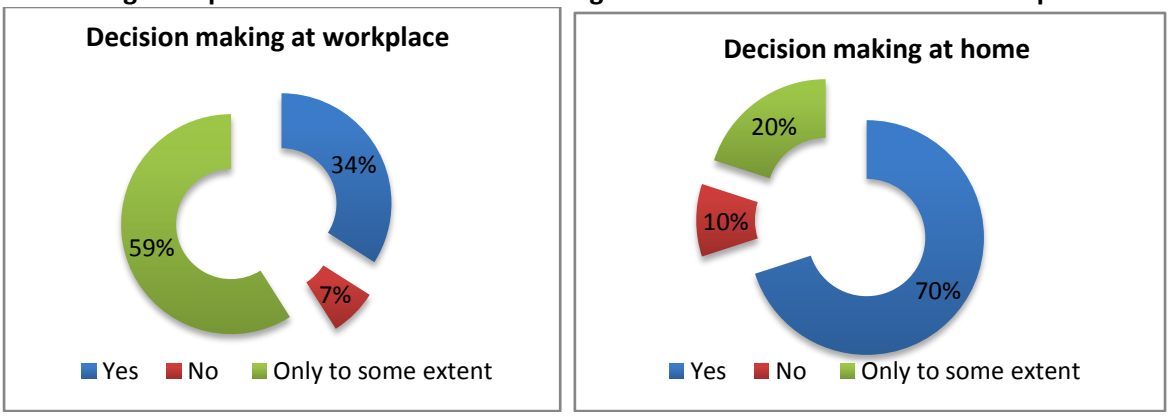


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

Exploration of the other side of the story in work-life balance, the study looked at the number of hours women spend in household chores. The results show that a majority of women (84%) indulge in 2-4 hours of house work every day. Further, only 2% of the women said that they put in no amount of time in house work. In understanding whether women have additional help in housework, 51% of women said they did not have any additional help while 49% had some source of help.

Compared to workplace, more women reported experiencing authoritative interactions and controlling behaviors from family members. This trend was seen especially more for male members of the household than female family members.

Fig: A Representation of Decision Making Role of Women at Home and Workplace



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

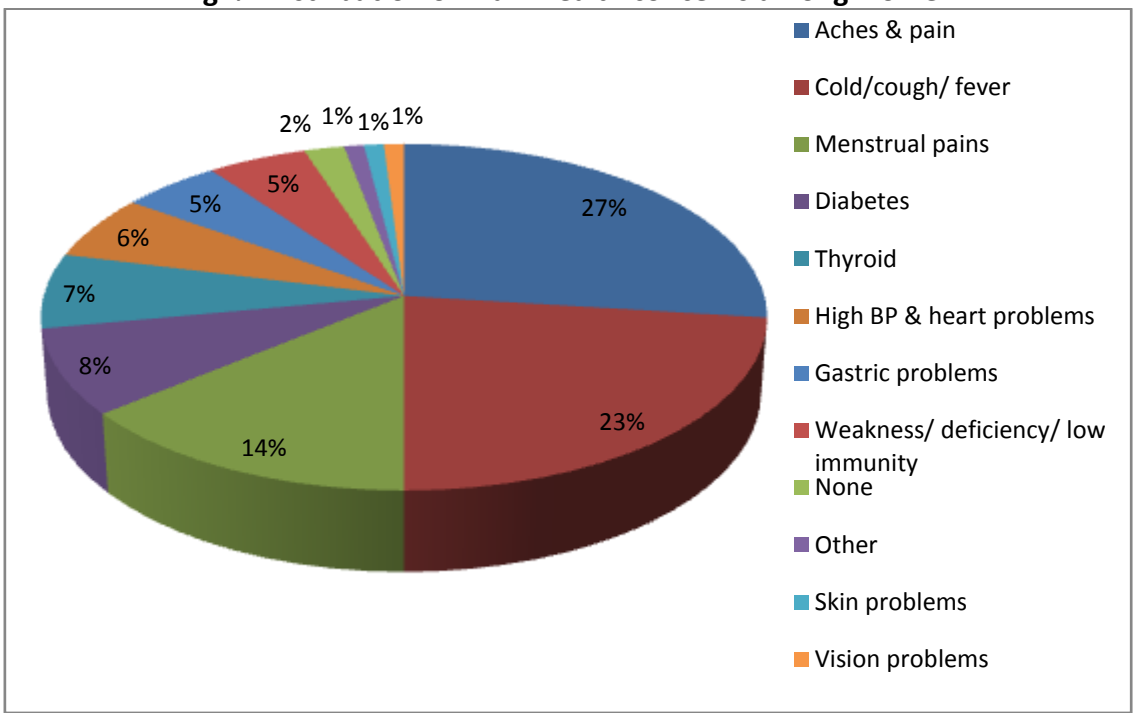
An analysis of freedom in decision making was explored in both the work setup and at home. The results showed that women enjoyed greater freedom in decision making at home than at workplace. Finally, women who are primarily homemakers, although a

minority in the present study expressed that they feel less respected as a result of being a housewife.

6.2 Health concerns of women & their family

To understand the various health concerns among women, the survey asked respondents to list out the major and minor illnesses they experience. The findings elucidate that a majority of women complain of common symptoms like cold, cough, or fever. However, an interesting trend is the high percent of aches and pains. The respondents especially shared a higher percent of back pain and headache as specific causes of pains. The work patterns and the number of hours put into the work shows that women are vulnerable to pains as a result of bad posture, less physical movement at work, and using technological devices that could cause strain and headache. Another 14% of respondents stated menstrual problems as one of the key health concerns. Also, lifestyle diseases such as Diabetes and Thyroid due to sedentary lifestyles have become prevalent among Indian women as reflected in our survey. Further, problems like weight management (obesity), gastric problems, high blood pressure, & heart problems reflect an unhealthy lifestyle and the resulting lifestyle related diseases. The results of the study show a wide range of response related to the main health concerns among women.

Fig: % Distribution of main health concerns among women

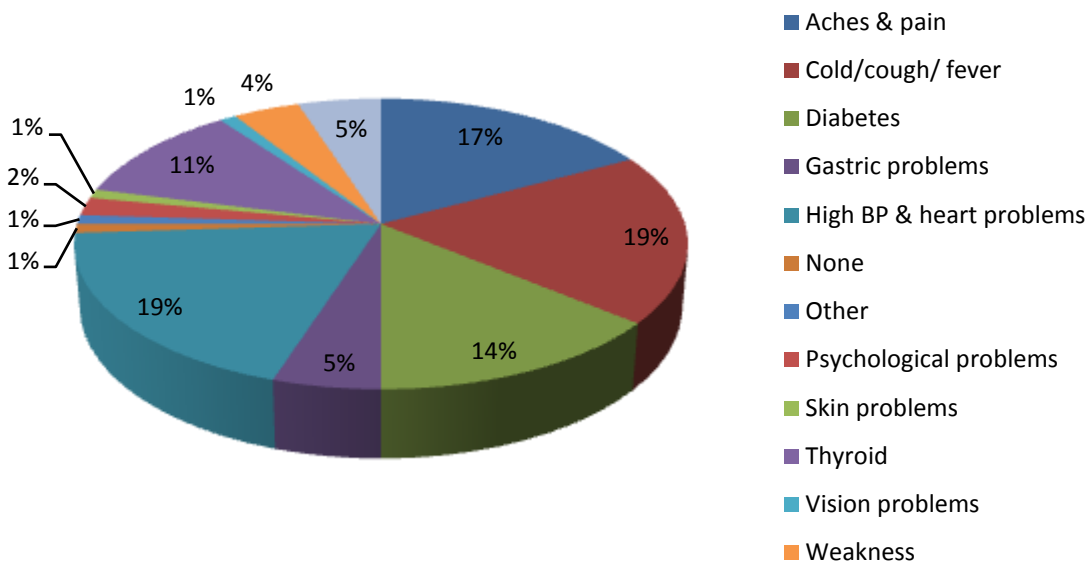


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An analysis of the illnesses of the family members of the respondents shows a similar pattern of high percentage of seasonal illnesses as well as high BP and heart problems, followed by aches and pains. However, higher percentage of diabetes, thyroid problems become visible indicating illnesses that are associated with old age in an urban setup.

Clearly the health trends of self and family reflects a national trend of high prevalence of contagious diseases along with lifestyle related illnesses existing side by side.

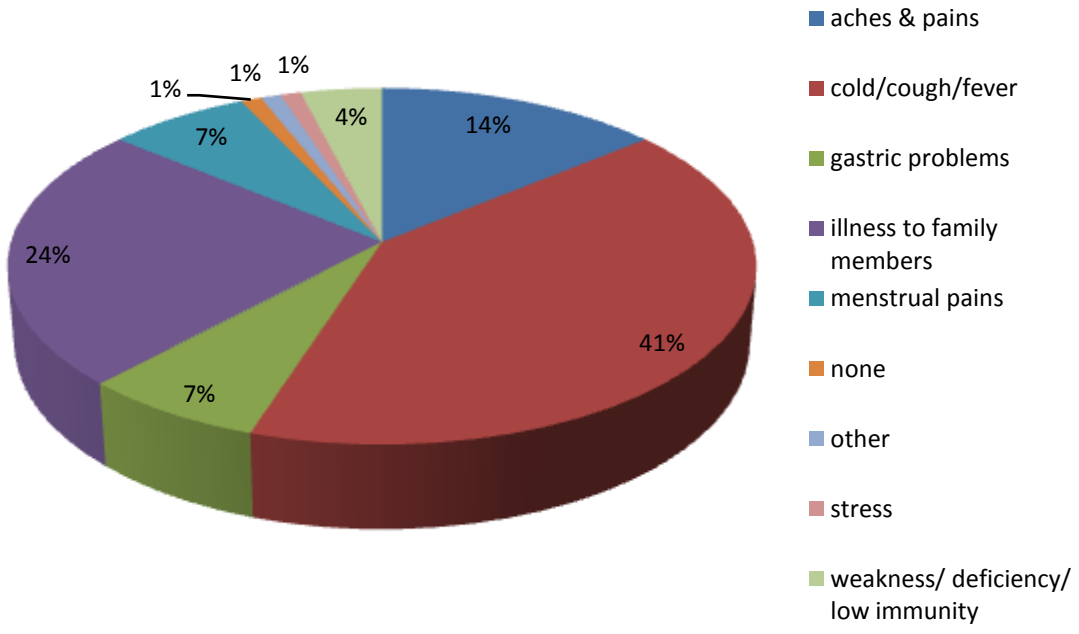
Fig: Main health concerns among family members



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

The analysis of health reasons for missing work showed seasonal illnesses as the predominant cause of absenteeism followed by illness to family members. Aches and pains were the third highest reason for missing work followed by menstrual pains. Thus, the trend shows familial and psychological concerns as factors that determine absenteeism.

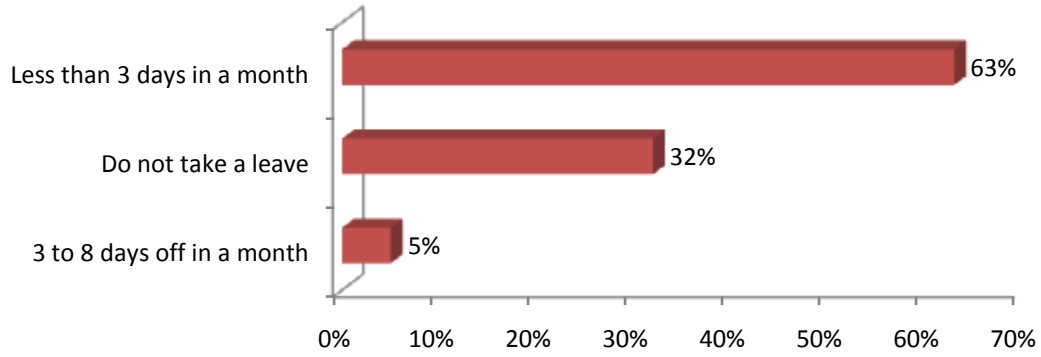
Fig: Health reasons for missing work



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An exploration into the of number of days that women missed work as a result of health reasons has also been analyzed in the study. It was found that 63% of women reported missing less than 3 days in a month due to their respective health issues. This majority reflects on the strength and vigor in women with which they justify their roles both at home and at work. Further, 32% stated that they do not take a day due to health problems, and only a marginally 5% of women stated that they take 3 to 8 days off work every months due to health reasons. This shows a positive trend in working women's health in the given sample.

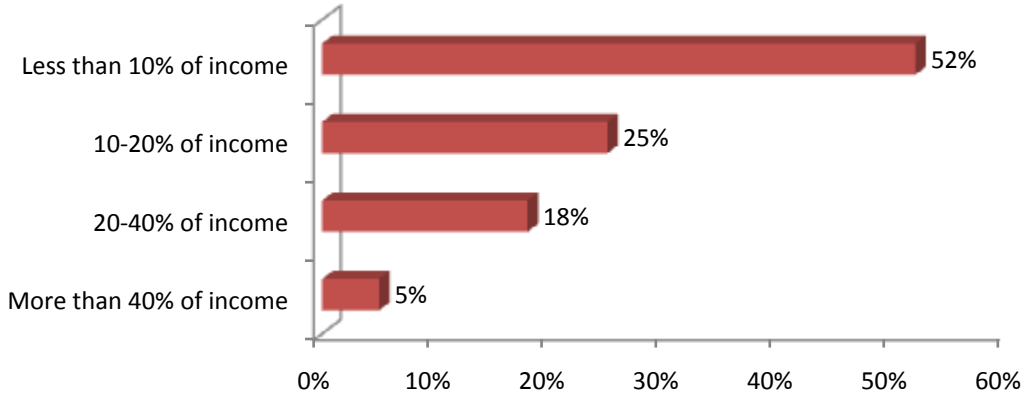
Fig: Leaves taken on an average in a month in case of illness



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An analysis of percentage of income spent on one's own health showed that a majority of the women respondents (52%) stated that they spent less than 10% of the income on health. Further, 25% spent between 10 and 20% of income for health reasons. Only 5% of the respondents spent more than 40% of their income on health. Also, 58% of women stated that they accessed healthcare at a private hospital followed by 31% in local clinics and 11% in government hospitals. Given the profile of the participants of this study, they show access to better healthcare facilities.

Fig: Income spent on own health

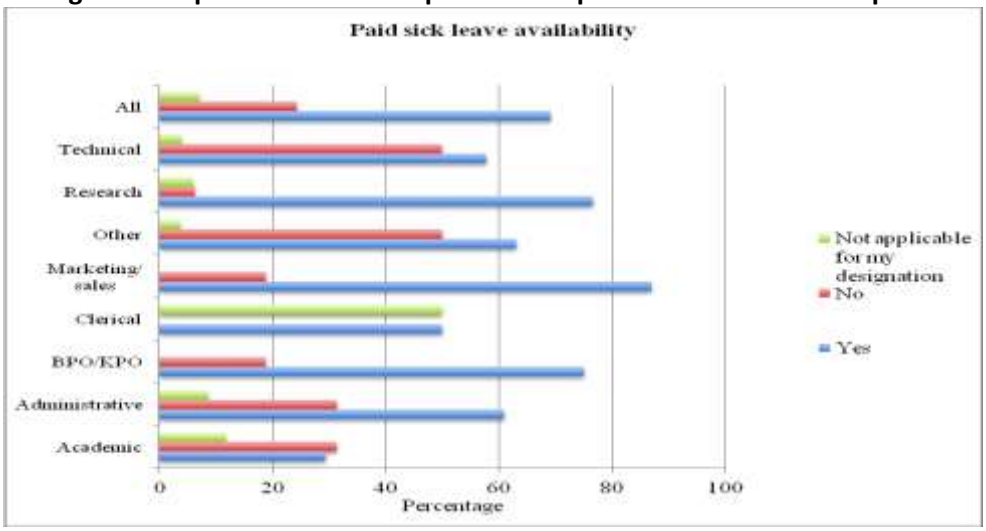


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

6.3 Workplace health provisions

One of the key objectives of the study was to explore the benefits provided by workplaces to the specific needs of their women employees. As the first step towards that exploration, the study analyzed the provision of paid sick leave among women. The results revealed that around 69% of the working women respondents had access to paid sick leaves every month. However, women in the academics field had the least responses for availability of sick leave. Women in the marketing or sales positions show a high percentage availability of paid sick leaves.

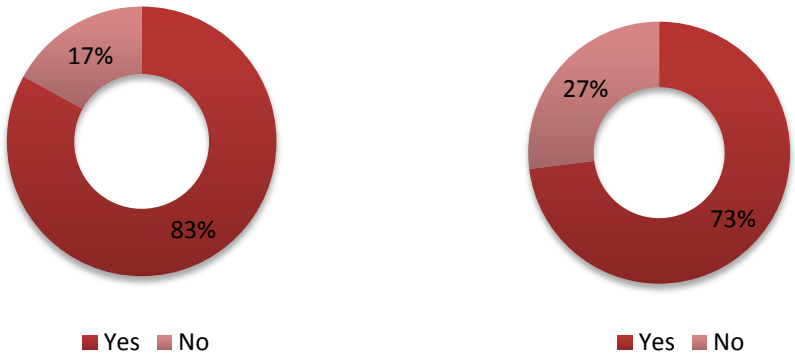
Fig: % of respondents with the provision of paid sick leaves at work place



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

The availability of infrastructural provisions showed that a majority (83%) of women's work places have separate toilets and washrooms. However, only a minority of 27% of working women reported having a dispensary with a lady doctor in their workplace. Even though the issue of separate working toilets has been taken seriously by most organizations, there is little that has been done to equip organizations with a working dispensary and sick rooms.

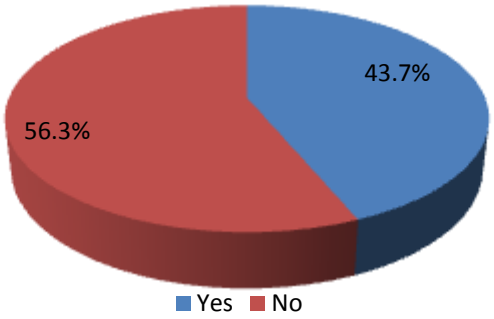
Fig : Infrastructure facilities at workplace



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

During the survey, it was found that around 44% of the respondents work in offices that have sick rooms for the employees to rest in case of illness/ fatigue while the rest 56% of the respondents do not have sick rooms in their offices. This highlights the level of seriousness among employers for their employees' health.

Fig: Availability of sick rooms in offices

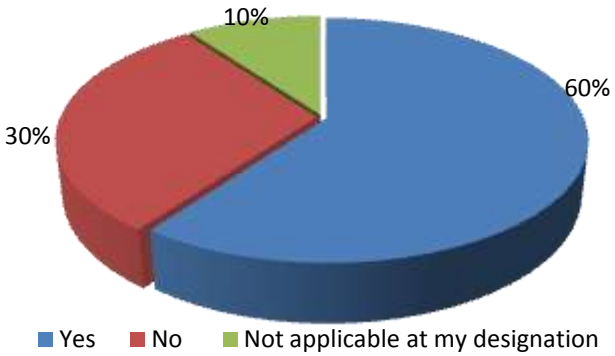


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An analysis of the maternity benefits available to women employees showed that a majority of respondents (37%) could avail a maternity leave of 3- 6 months while 29% could avail for less than 3 months. Further, 34% of women employees did not have any provision for maternity leave due to non- applicability of the benefit to their designation (for instance, a temporary position) or lack of such benefits in the organization of work. Analysis across different sectors showed that BPO/KPOs, research field, administrative, and marketing/ sales fields had better maternity benefits compared to the academic field of work. The insecure and temporary status of employment in academic fields could be the reason for such poor work related benefits.

The provision of medical insurance at workplace saw a positive trend wherein 60% of working women stated that they have the provision of medical insurance at workplace. However, 40% did not have medical insurance, which is a significant percent of women. Further, exploration of medical insurance coverage for dependents showed that only 41% of the women employees had coverage for dependents and 59% of them did not.

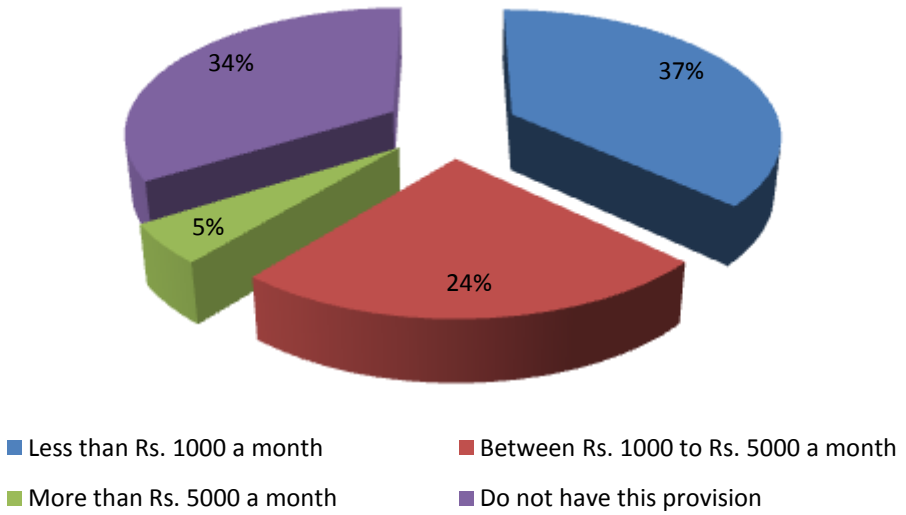
Fig: % of women who are covered under medical insurance at workplace



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

Finally, the total amount that employees can claim for minor and major medical expenses were explored. The analysis for minor medical expenditure reimbursement provision showed that 34% of employees do not have this provision in their workplace, 37% can clam less than Rs.1000 a month, 24% between Rs.1000 and Rs.5000 a month, and only a minor 5% could claim for more than Rs.5000 in a month.

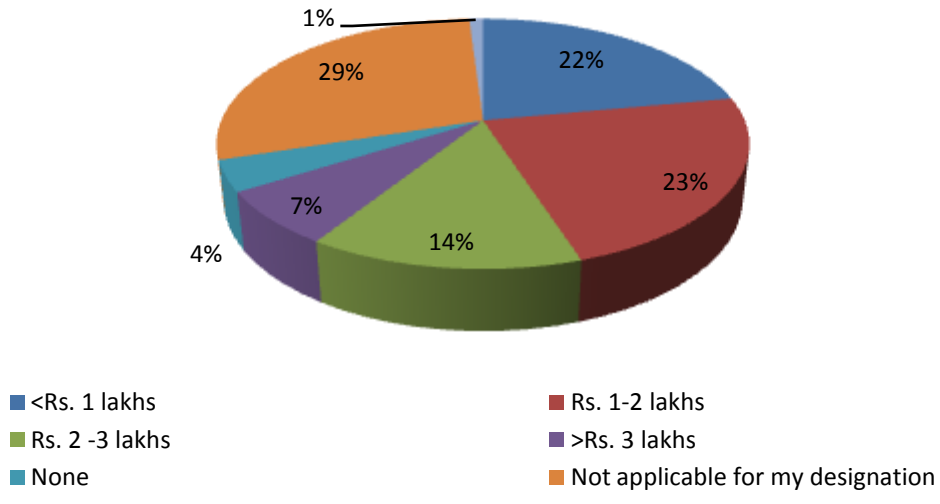
Fig: Medical reimbursement provisions



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

For major medical expenses, the study showed that 31% of employees cannot access such benefits either due to absence of such provisions or due to insecure designations at work. Further, a majority of employees have access to medical insurance of less than Rs.2 lakhs with only a minority of 7% of employees having a medical insurance coverage that is more than Rs.3 lakhs.

Fig: % of women with the provision of medical reimbursement

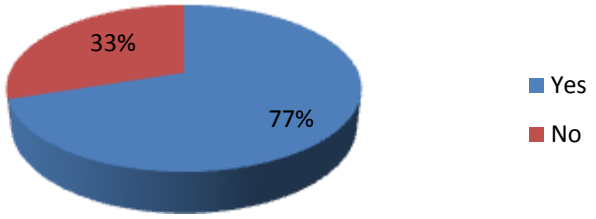


Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

An analysis of this trend against male employees could help in understanding disparity in access to medical reimbursement. Further, positions held by women at workplace dictate the level of medical insurance they could avail, which could reflect on the work culture and gender inclusivity of organizations in work-related decisions.

Also, majority of women respondents (77%) said that Government should come out with more effective policies for women empowerment and implement effectively the on ground policies for the empowerment and welfare of women in the society.

Fig: % of women asking for more women empowerment policies



Source: PHD Research Bureau, PHD Chamber of Commerce & Industry

To put the study findings in a nut shell, women shuffle between work and home related responsibilities although the sample in the present study does not show an overburdening. But a surprising finding was the absence of help or support in housework among majority of women. This not only indicates paid help, but also help offered by family members in sharing housework.

Women travel long distance and spend a lot of time in travel to work. However, their work satisfaction seems to show a positive trend with a majority of employed women showing complete satisfaction or satisfied to some extent. Further, women show a greater freedom to make decisions at home compared to workplaces, although they feel that homes as spaces of authority and dominance.

Women report vague aches and pains as one of the key health concerns that could show a worrying trend of health hazards due to the type of work (one that is sedentary). Further, menstrual pains were considered as one of the key reasons for missing work along with seasonal illnesses. A growing trend of stress, psychological concerns like stress, anxiety, and sleeplessness needs further exploration in future studies. Work related benefits show a positive trend although some aspect like presence of dispensary with a lady doctor, and insurance coverage for dependents could be improved.

CHAPTER 7

Summary and Conclusions

The empowerment and sovereignty of women is a major concern and challenge for India. An improvement and advancement in the political, social and economic status of women can help address the major problem of gender inequality in workforce participation and decision making process at large. Furthermore, cleanliness and hygiene has also been considered as a pre-requisite for wellness in terms of a long and healthy life for women.

Women play multiple roles in their life span, from being home-makers to making big entrepreneurs. Today almost all areas have been carefully nurtured and served by women in India. However trivialization of household work reflects sadly on the way we acknowledge the efforts put in to make our lives so organized and manageable. Similarly, however lucrative and encouraging it may sound to be a working woman, it is not without defects and challenges in terms of equal status with men, safety, health and hygiene.

In light of the above concerns the current study is an endeavour to explore and strike a balance between work, life and health status of women in metropolitan cities of Bangalore, Chennai, Delhi, Kolkata and Mumbai. The survey also explores the efforts made by the employer to provide a healthy work environment for their female employees. The survey also identifies the key concerns among home-makers and working women particularly related to lifestyle, health, hygiene and medical benefits claimed personally or through the employer. The survey is an exploratory research consisting of both close and open-ended questions answered by women from different walks of life in India.

Taking a look into the respondents profile we gathered that majority of respondents (49%) were in the age group of 25-32 years, followed by women in the 18-24 years age group (36%) and the remaining 15% were of 32 years and above. About 50% of the participants had either post graduate or above level of education. Further 41% of respondents were under graduates and only 5% had a level of education at either higher secondary or 10th standard. The survey was taken by married women (40%) as well as unmarried women (57%) and the remaining 2% were divorced and 1% were widowed. About 56% of the female respondents were employed in the private sector and as many as 84% working women were supplementary earners of the family. The results of the analysis have been divided into three basic categories; Work Life Balance, Health Concerns, and Workplace Health Provisions.

The balance between work and life is very important for more productivity and efficiency which has been captured through a set of responses. It was found during the analysis that a majority of women (70%) work for 8-10 hours in a day, travel as large as 30 kilometers and travel for more than an hour per day to reach their workplace. In spite of the long hours spent at work and the long travel distance, a positive trend in work satisfaction was seen.

About 64% of the women participants stated that they were either completely satisfied or somewhat satisfied with their work. The time spent on doing household work captured the other part of the analysis. Interestingly, the majority (84%) reported that they devoted only 2-4 hours in household work and 51% said that they have domestic help to do household work. However, little support was seen coming from family members in running household errands with women, reflecting on the fact that the sole responsibility of home management has been always been on the lady of the house.

Further, women respondents were also asked about the facilities being provided to them to maintain work-life balance. The survey revealed that 93% of the respondents do not have work from home facility. It was also found that work from home facility was availed more by women after marriage or child birth or in case of illness of a family member. During the course of the survey, it was also found that there are no crèche facilities for women at their workplace. This is a major grey area where the employers can work to provide a conducive environment to their female employees.

The health concerns of women have been explored by enlisting the major minor health problems faced by them and the number of days that they miss work due to the same health problem. The findings elucidate that a majority (27%) of women complain of common symptoms like aches and pains while main reason for missing out on work are cold, cough, and fever. Appreciating the inherent strength in women as many as 63% women reported missing less than 3 days in a month due to health issues. The distribution of health concerns has been found to vary widely among women in the survey. An analysis of the percentage of income spent on own health showed that 52% of women spent less than 10% of their income on health, while only 5% spent more than 40%. It was also found that 58% women trusted private healthcare facilities more than government or local clinics.

The third issue dealt in the survey was if the workplace provides healthcare services to female employees. It was revealed from the analysis that 69% of the women had a provision of paid sick leaves at their respective work places. Surprisingly, the women respondents from the academic category recorded the least responses for the provision of paid sick leaves. The infrastructural provision showed that 83% of women's workplace had separate toilets for them. Yet, majority of the respondents said that they do not have sick rooms facility at their workplace in case they want to rest during illness/ fatigue etc. About 37% of women reported 3-6 months maternity benefits being given to them. However some 34% fell in the category where no benefits were being provided due to non-applicability of the benefit to their designation (Trainee, temporary, ad-hoc etc). A provision for medical insurance at workplace saw a positive trend where as many as 60% were covered under the benefit.

In a nutshell, shuttling between the various tasks at hand, women often overlook their health and continue to unconditionally manage both home and work simultaneously. The survey is an endeavor to address and also deal with the problems faced by women in balancing their life and work in the best possible way. Also exploring the main health concerns through this survey is an effort to create more awareness and interest among

women to take regular health checkups. The role played by the employer in providing medical benefits to its employees is also a very critical area that has been touched upon by this survey. It is encouraging to know that clean and separate toilets for women have been provided by mostly all organizations. Further, the provision of sick leaves, maternity benefits, dispensaries at workplace, and medical insurance are some benefits that are being given to the women at their workplace. This will go a long way in increasing female workforce participation and will address the issue of empowerment of women and gender equality at large. Nonetheless, the road is long and the path is tough but there is nothing impossible about it. Thus, the empowerment, advancement and improvement in the status of women not only economically and socially but also in terms of good health and hygiene is achievable.

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