

A STUDY ON HEALTH ISSUES FACED BY WOMEN IN IT & IT ENABLED SERVICES

Submitted in partial fulfillment of the requirements for the award of

Master of Business Administration

by

SHIVANI BHATTACHARYA

Register No: 39410198



SCHOOL OF BUSINESS ADMINISTRATION

SATHYABAMA

**INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

**Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE
Jeppiaar Nagar, RAJIV GANDHI SALAI, CHENNAI - 600 119**

APRIL-2021



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BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of **SHIVANI BHATTACHARYA (39410198)** who have done the Project work entitled **“A STUDY ON HEALTH ISSUES FACED BY WOMEN WORKING IN IT & IT ENABLED SERVICES”** under my supervision from January 2021 to April 2021

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DECLARATION

I **SHIVANI BHATTACHARYA 39410198** hereby declare that the Project Report entitled “**A STUDY ON HEALTH ISSUES FACED BY WOMEN WORKING IN IT AND IT ENABLED SERVICES**” done by me under the guidance of **Dr. TR. KALAI LAKSHMI, M.A., M.B.A., M.Phil., Ph.D.**, is submitted in partial fulfillment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

SHIVANI BHATTACHARYA

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ABSTRACT

India is on the path of becoming an economic superpower but its performance index in health component of human development, particularly that of women is not at all impressive. The typical female advantage in life expectancy is not seen in India. In the context of the new economics of liberalization and its challenges to work, human security and development it is necessary to understand whether women are in a position to take advantage of the economic take-off. Therefore, an attempt is made in this paper to analyse the health issues of women in India in relation to their work environment, productivity and welfare. It focuses on two broad areas of gender-based differences and inequalities, viz. the links between gender and economic productivity, and the development of human capital.

In this research, the primary objective is to study the health issues faced by women working in IT and IT enabled services. The secondary objective is to analyze the common health issues and provide precautionary steps to avoid such health issues. The research design applied for this study is “descriptive research”. The sample is collected from 149 respondents easy to contact or reach through questionnaire. In this research we have concentrated on the health issues faced by women, the stress and strain they face.

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CHAPTER-1

INTRODUCTION

1.1 INTRODUCTION:

India is a forerunner among developing countries in accepting cyber industry. Software industry is reported to be the fastest growing occupation in the global scenario. It is now emerging as one of the largest employment providers to women (COM 2003). It is estimated that women constitute about 21 percent of the total Software workforce which is higher than their participation in the national economy as a whole. Thus, software industry contributes to the enhancement of women's work participation in the country. The software industry is characterized by reduction in physical labor and increase in skill or knowledge component. This makes it possible for women to take up jobs that were formally the domain of men (Kelkar, 2003). Long hours of work and travel inevitable in the software industry leads to women opting for jobs in testing or quality assurance, which is usually paid less, but have regular working hours. In this branch, they have no chance of being sent abroad. This is a major reason why although participation of women in software industry increasing, the proportion of women at the top remains low. Rothrock et al. (2001) in a study on Indian software labor market found clustering of women professionals at the lower end of the hierarchy leading to feminization of certain service activities. Mitter (2003) conducted a study in Malaysia and India to find out the impact of information technology on women. He observed that a women's work has multiplied and the gender-based division of labor was continued even as a result of the introduction of new information and communication technologies.

1.2 INDUSTRY PROFILE:

Information technology (IT) industry in India has played a key role in putting India on the global map. IT industry in India has been one of the most significant growth contributors for the Indian economy. The industry has played a significant role in transforming India's image from a slow-moving bureaucratic economy to a land of innovative entrepreneurs and a global player in providing world class technology solutions and business services. The industry has helped India transform from a rural and agriculture-based economy to a knowledge-based economy. Information

Technology has made possible information access at gigabit speeds. It has made tremendous impact on the lives of millions of people who are poor, marginalized and living in rural and far flung topographies. Internet has made revolutionary changes with possibilities of e-government measures like e-health, e-education, e-agriculture, etc. Today, whether its filing Income Tax returns or applying for passports online or railway e-ticketing, it just need few clicks of the mouse. India's IT potential is on a steady march towards global competitiveness, improving defence capabilities and meeting up energy and environmental challenges amongst others. IT sector in India, with the main focus on increasing technology adoption, and developing new delivery platforms, has aggregated revenues of USD 88.1 billion in FY2011, while generating direct employment for over 2.5 million people. Out of 88.1 billion, export revenues (including Hardware) have reached USD 59.4 billion in FY2011 while domestic revenues (including Hardware) of about USD 28.8 billion.

1.3 STATEMENT OF PROBLEM:

Much of women's work has traditionally been carried out within the context of the family: growing food on a family plot; finding fuel, gathering water and preparing foods for family members; spinning, weaving and sewing the garments worn by that family; cooking and washing for the family and looking after its children and its sick and elderly members. This remains the occupational environment in which many women - particularly rural women in developing countries - work today. Surprisingly little is known about the health hazards of this environment, in part because women's household work has been under-recorded and undervalued and hence there has been little incentive to examine it in detail. As women move beyond their traditional occupations, they meet new health hazards which may either replace or add to their existing occupational exposure. Women's labor force participation rates have increased steadily, and not only in the industrialized countries. The dramatic economic successes of the newly industrialized states of Asia, for example, are substantially a reflection of increasing feminization of labor in this region. In these economies, female workforce participation rates increased far more rapidly than male from the 1960s, although their jobs were largely less-skilled and poorly paid. Women workers formed the largest pool of workers in export-oriented light industries, such as electronics and textiles, which underpinned economic expansion (Lin Lean Lim 1993). As the chapters on occupational mortality and morbidity show, women are reported to be at much lower risk of occupational injuries and accidents than men. Indeed, this is probably one of the reasons for the neglect of women's occupational health issues: immediate deaths or disabilities from identified occupational accidents are more urgent triggers towards intervention than the insidious progress of respiratory conditions brought on by pollution from household cooking. Data which do exist are frequently presented in an aggregated form which masks many of the differences between men's and women's health profiles (Kane, 1991) and may entirely hide some of the genuine occupational health risks which women face. However, once the aggregate statistics are unraveled, specific risks of injury to women do become apparent.

1.4 NEED FOR STUDY:

There are various types of issues that woman have to face throughout her work life and home life. These issues create an environment of pressure for working women. They have to take care of their children and older in their homes, Role of a care provider to the children and the aged, which predominantly requires physical labor. Balancing acts as a working woman and a wife, means they have to perform a dual responsibility. For balancing this type of dual pressure women are affected by various types of psychological, social and physical problems. Thus, this study is to analyze what type of health issues they face.

1.5. SCOPE OF THE STUDY

- This research analyses what are the health issues faced by women working in it and it enabled services.
- This study analyses the importance of work life balance in working women.
- The challenges faced by working women in keeping themselves healthy is studies in the research.

1.6 OBJECTIVE OF THE STUDY:

The purpose of this study is to explore the impact of health issues on working women and emerging trends of work from home. The system of working women has some salient characteristics to fulfil its objectives and to provide all the required services, thereby solving all health problems faced by women employees.

1.6.1 Primary objective:

- To study about health issues faced by women working in IT

1.6.2 Secondary objective:

- To investigate the pattern of work they do
- To analyze the health issues women's face
- To provide precautionary steps to avoid such health issues
- To study expectations of working women to fill their comfort
- To examine the type of work which leads to the health issues

CHAPTER-2

REVIEW OF LITERATURE

2.1 REVIEW OF LITERATURE:

Gobalakrishnan and Gandhi (2013) in their study “Working Women and their problems in daily life: A Sociological Analysis” conducted a survey on the women who are working in the colleges in the Tiruvannamalai District to find out their daily life’s problems. Even though most (72%) of the respondent is living in the joint family, but they are expressing the problems like anxiety, depression and inferiority complex in their daily life. The economic condition of the family pushes them to go to work, but nobody supports them in the family matters. So, the study suggested that when the married women go for work, then the family members, including the husband should support them in various household activities and that they relieve them from various problems and the pressure of both families as well as work environment.

Dashora (2013) explains the various problems faced by working women in India. Working women are subject to mental and sexual harassment at the workplace, working women faced biases in salary, skills and technical efficiency. The public transport system, unwanted attention of the colleagues and boss attribute to sexual favors. The psychological pressure created from all this leads a situation where a woman is no more able to pursue her job. The traditional way of thinking men as the bread-winner and women as exclusively meant for household tasks continuously creates hurdles for the working women.

Avais, Wassen and Shah (2014) in their study “A case study on problems of Working Women in city Sukkar” find out the various types of problems that working women face like as domestic problems as well as official matters. The study was explorative in nature to investigate the problems of working women in Sukkar. They identified a maximum number of problems of working women they face from morning to evening. The working women have dual work roles in one front they have roles related to caring and rearing, in another front, they have to handle out the issues of sexual, emotional, and financial abuse outside and inside the home. The study mainly focused on that sexual harassment is a ground reality in working women of Sukkar and there is a need for the implementation of the legislation passed by the government.

Nawaz, Afzal & Shehzadi (2013) in their study “Problems of formally employed women: a case study of Bahawalnagar, Pakistan” highlights the problems faced by working women informal sector in Bahawalnagar. By using a stratified random sampling method, data collected from four public sectors departments like as police, nursing, teaching and college lecturers. By using the descriptive analysis method, the result of the study revealed that policewomen faced low social status and non-recognition of their jobs, nurses faced unscheduled working hours and low wages and school teachers want higher wages for their work. The study mainly examines the social and domestic problems of formally employed women as well as verifies the behavior of family members and social circle of formally employed women towards their job in the focused area. The study concluded that the working women of Bahawalnagar faced various social and workplace problems like as; their working hours are too long, most of the respondents face unavailability of transportation, most of the respondents have no job security, they have very low allowance, they are facing gender discrimination and the problem that is especially related to school teachers and nurses is of low wages. The problems of policewomen in the present study are related to their long and spontaneous work hours.

Rani (2013) in her study titled “Marital Adjustment Problems of Working and Non-Working Women, in contrast to their Husband” tries to find out the marital adjustment issues of working women teachers. A sample of 80 women (40 working and 40 non-working women) collected for this purpose through random selection. The result revealed that non-working wives are facing more marital adjustment problems in comparisons to their partners. Working women, who are married, have dual responsibilities at home and work spheres. They need more co-operation and adjustment to manage both spheres. The dual roles expectations promote overstrain among married working women. These dual role expectations lead to the situations where married working women have not the proper time for their spouses. This causes marital maladjustment. The study concludes that working women are facing maladjustment at both fronts-home and office.

Goyal and Parkash (2011) examined the problems of women entrepreneurship in their study “Women Entrepreneurship in India- Problems and prospects”. The study highlights that the educated women of India have 182 Manpreet Kaur & Nishtha Kaushiki NAAS Rating: 3.10- Articles can be sent to editor@impactjournals.us to go to a long run for achieving their equality in Indian society. The study evaluates the

factors that are responsible for the encouragement of women for becoming entrepreneurs. Major reasons like as Male-Chauvinism, patriarchal thinking and lack of confidence are the main obstacles in the path of women. The outdated thinking and social pressure discourage women to go forward in the field of entrepreneurship. Indian women give more emphasis to family ties and responsibilities. Besides this Indian Constitution provides the equal rights to women, the government-sponsored activities have only benefited to just a small section of educated women, the need of the hour is to awareness among all the other sections too.

Nisa (2013) highlighted the triple role of working women, as housewives, mothers, and workers. This study titled as “Time constraint of Working Mothers- a Sociological study” attempts to examine the relationship between working mothers work status and family environment and its consequential effects on the adjustment of their children. A majority of the respondents (96%) confessed that they did not get sufficient time to spend with their children, even when they returned from their office majority of respondents (94%) were not in a position to attend their children. The analysis revealed that mother’s presence is necessary for the child’s physical as well as mental development and in her absence the problems are inevitable.

Kundaragi and Kadakol. “Work stress of women employee: a literature review” titled as a study of In their study, they revealed the theoretical form of stress. Eustress and distress are the two types of stress. If someone views a situation positively, he or she can cope with any situation. Stress in a negative sense becomes the reason for the distress. The environment, social, physiological stressors, and thoughts are the main sources of stress. Women employee can do the work enthusiastically when they get the stress positively. The unreasonable demands of others can create a situation where women employee takes stress in negative manners, and the distress among them affects their mood, activity and daily routine.

Maurya and Agarwal in their study “factors affecting stress and well-being of women employee” proposed a theoretical formation that encourages towards the well-being of women employees. The research explored the literature and pointed out that the well-being of female workers at workers should not be neglected. The work conditions should be according to the wellness of female employers. The overall performance and quality of the work of the employee demonstrate the well-being of the employee.

The good well-being of female employees increased the turnover and performance of the institutions.

Raghunath in his work titled as “Mental health of middle-aged working women” assessed the mental health of middle-aged working women. In the middle age, social, psychological and biological changes affect the dual roles of working women. The middle age brings fear, tension, anxiety, menopause, loss of memory with it. The study consisted sample size of 60 women with the help of quota sampling method. Results revealed that 92% of middle-aged working women are facing mental health-related issues. The study suggested that coping strategies should be modified for the welfare of the middle-aged working women.

Babu & Vembu in their work “occupational stress experienced by women employees in the banking sector” explained the effect of stress on the experience of working women in the banking sector in the Thiruvallur district of Tamilnadu. The physical and psychological stress among the workers not only affects their health in one hand, but also affects the performance and financial growth of the institutions in another hand. Stress among the employees creates an environment where their progress stunned by absenteeism and they lost their focus on work. Employees under stress faced immediate challenges in their psychological health as irritation, bad mood, less interest in work, tension, troublesome relationship with colleagues, etc. The study highlighted the three-level workplace stress as the individual level, group level, and organizational level. The researchers concluded that in the public sector for the bank employees the main stressors are poor work conditions, work overload, lack of social support, poor work relationship and less participation in decision making and technological changes in the organization.

Priya (2013) in “a study on job stress of women employees in IT and ITeS industries, Tamilnadu” utilized the sample of 384 respondents to analyze the impact of job stress on the physical and psychological well-being of women employees. Job insecurity, unreasonable demands, less inter-personal communication between employer and employees, long work hours, not adequate time for family, role demands at home and work sphere are the causes behind workplace stress among working women. The study revealed that a meeting deadlines and job insecurity are the main reason for

stress among working women. Working women in IT and ITeS industries are facing more psychological stress than physiological stress. By getting support from management working women can reduce their job stress.

Nagaraju and Nandini (2013) in their study analyses the occupational stress among women employees of the insurance industry. The study tries to measure the influence of age factor in occupational stress. With the use of random sampling method, data has been collected from 100 respondents who are working in the insurance sector. The questionnaire prepared for measuring the stress and satisfaction level of working women in the insurance industry. Results discovered that role isolation, some demographic variables influence the level of stress among working women. In the insurance industry targets are unrealistic and unattainable, and demands long hours. The long hours of field work pressurized the employees to do over time that affects their family life, mental health, and work capacity. By the use of meditation, physical work, exercise and morning walk employees can manage their mental health status.

Joshi et al. (2014) examine the stress of working women in the education field. The study utilizes the sample of 50 Assistant Professors of different streams of Bhilai Mahila Mahavidyalaya Hospital Sector, Bhilai. By using self-designed questionnaire, the study revealed that excessive work was the main reason the increasing rate of stress among working women. Over expectations and overburden of responsibilities made them anxious and depressed. They have to act, react and perform according to the role demands, they cannot say no to their families and office authorities.

Kumar (2016) in his study carried a primary survey of 600-700 working women of organized sector and 600-700 working women of an unorganized sector of Hyderabad-Karnataka region. The primary objectives of the study were to highlight the working conditions of working women that may create the ill-health of working women. The awareness among working women for a regular medical check-up, to find out the particular psychological and physical health problems of working women is lacking. The study finds out that even though working women are economically secured, but they are negligence towards their own health due to lack of time for self at different ages.

Suman and Chatterjee (2015) in their research article titled as “psychological and physical well-being in working women” compared the health status of working and non-working women by using standard short form SF-36 questionnaire. The study highlights that if the work pressure on working women reduces, then it will be automatically good for the psychological well-being of working women. The study compared the housewives with working women and revealed that because of less physical functioning and role limitations, housewives faced a smaller number of problems as compared to working women.

Sadiq and Ali (2014) examine the psychological ill-being in married working women as a consequence of the dual responsibilities they pay at home and workplace in their study titled as “Dual Responsibility: A Contributing factor to contributing Psychological ill-being in married working women”. Sample of fifty married working women and fifty married non-working women in Karachi, Pakistan was compared for this purpose. Finding of the study reveals that owing to dual responsibility married working women significantly reported more somatic complaints, social dysfunction, anger and hostility than married non-working women because of over-burden of dual responsibilities. Managing workplace and family problems, taking care of children, husbands and in-laws in the absence of insufficient time for taking rest are major issues of married working women with middle-class socio-economic status. All these factors are playing a distal role in making them psychologically ill. Besides, psychological issues of married non-working women must be addressed in the context of household responsibilities they pay from dawn to dusk.

Krishnan (2014) tries to analyses the mental and physical stress among working women, the various factors that contribute to stress. The study was conducted among 100 working women from different sectors in Bangalore city on the basis of stratified random sampling methods. The study reveals that multiple roles demands and conflicting expectations create an environment of work pressure. Multitasking creates an environment of stress for women where they have to perform extra economic roles as well as the same household roles and responsibilities.

Mankani &Yenagi (2012) in their work “comparative study of mental health of working and non-working women” conducted a primary survey to access the mental health of

working women. The study consisted of 90 working and 90 non-working women from the Dharwad district of Karnataka. The researchers had used mental health inventory prepared by Jagdish and Srivastav (1983) and socio-economic status scale by Aggarwal et al. (2005). The results revealed that the working women had better mental health as compared to non-working women. Housewives in rural areas had better mental health as compared to farm women. The demographic factors have a positive and significant relationship with the mental health of working women. Age, education level, type and size of family, income, number of children, living standards had a direct relationship with the mental health of working and non-working women.

Dudhatra and Jogsan (2012) in their work “Mental Health and Depression among Working and Non-Working Women” found out the mean differences between working and non-working women in mental health and depression. For this purpose, data had been collected from 80 women (40 Working and 40 Non-Working). The study concluded that there is a significant difference between the mental health and depression among working and non-working women. The study indicates that working women are more depressed and mentally disturbed as compare to non-working women. They have more work pressure and more responsibilities as compared to non-working women.

Kwatra, Kaur, &Raghubansi (2012) in their study titled as “Psycho-Physiological Problems among dual-career women: A cause of stress” examined the physical and psychological stress among the working women. Working women have to bear double pressure created by multiple roles, which may badly affect their job performance too. The study focuses on the role stress created by the conflict between work and non-work activities. The study had been examined parameters like as blood pressure, pulse pressure, heart rate, respiration rate and temperature to measure the psychological and physical condition of the population. The study concluded that the stress depends a lot upon the perception of a situation. There is need for a sense of confidence and awareness among the people so that they improve their work efficiency.

Tripathi and Bhattacharjee (2012) in their study titled as “A Study on Psychological Stress of Working Women” examined the root causes of the existing problems faced by the working women. It also aimed at finding feasible solutions that have been

practiced elsewhere and needs to be adopted in other forms. The study is based upon the explorative research on the concerned areas related to working women and the stress levels that are constantly being felt by them. The research reveals that the impact of full-time working mothers on children's education are similar to the growing up in a single parent family. The findings of the study are Working Women feel more stress than working men.

Harshpinder & Aujla (2006) in the study titled as "Physiological and Psychological Stressors among Working and Nonworking Women" examined the problems of working women in Ludhiana city of Punjab. For this purpose, had been data collected from 75 working and 75 non-working women. Results indicated that common factors of stress both in categories were unfinished tasks, the compulsion of doing disliked activities, the death of the close relative, improper sleep. In working women, "stressors were pleasing others and overburden of work, where in non-working women stressors were wrong working posture and no-involvement in decision making by family". The study indicates that working women were more stressed as compared to non-working women in Ludhiana city.

Kaur et al. (1997) in their study "Psycho-Social Problems of Women Teachers in Schools and Colleges of Punjab" find out the psychological and social problems with the help of variables named the institution, age, and area in the state of Punjab. Out of the sample of 1000 respondents, results revealed that there is a significant difference between the psycho-social problems of school and college women teachers in Punjab, but there is not any significant difference between rural and urban college teachers. By the passage of time women have a better understanding of one's family life career and aging parents. This is because the more one stays at a position, the more one grows older, and the better one learns to cope up with the psycho-social problems.

M. Kaur, Nishtha Kaushiki as an important part of family and social setup of every country, women are contributing in each and every sphere of society.

Nupur Globally a lot of changes have been taken place in the last hundred years with men accepting women working outside of their homes because of the dire economic

needs of the family, society and sometimes the countries also. Women in this era work at odd hours, especially working all night side by side with men. With all the advancements in technology and attitudes there are still societies in which women are not able to achieve their full potential as many domestic factors stand as barriers in a women's professional life.

Surender Kumar India is a traditional country and there is diversity in religions, culture and customs. Role of the women in India mostly is household and limited to domestic issues. In some cases, women can find employment as nurses, doctors, teachers the caring and nurturing sectors. But even if well qualified women engineers or managers or geologists are available, preference will be given to a male of equal qualification. The present study investigated to identify the factors preventing women employees from aspiring for higher post and challenges & problems faced by women workers. Further the study tries to explain the real condition of Indian working women and also make an effort to clear main problems of working women

Kapur (1979), in his study has shown the dual roles of women (family and work life) that cause tension and conflicts due to her social structure which is even more dominant. In the literature cited about work-family spheres, researchers have paid distinct focus on the negative outcomes of balancing work and family domain

Sherwani (1984) observed that Indian working women still work under the various limitations of creation and hardship. One common problem faced by them was the dual role; they had to play to balance work and family. The married working women having small children found difficulty in playing dual roles and responsibilities involved in family and work environment.

Women participation in the workforce represents a contribution of their part in the total workforce. The role of employed women are love, caring mother and wife, the responsible daughter in law to the professional women executive (**Chincholkar and Krishna, 2012**). As men looks for job autonomy, economic incentives, prestige, recognition, independence, management responsibilities in the work place, they do not devote more time to fulfil family obligations, while women looks for more interesting and complex jobs, expects support from colleagues, job content, socio

emotional aspects, they feel satisfied with their and it will have a positive spillover effect on family life (**Imran et al., 2011**)

CHAPTER-3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN:

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. This Research design applied for the study is 'Descriptive Research'.

3.1.1 Descriptive research design:

Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, where, when and how questions, but not why questions. A descriptive research design can use a wide variety of research methods to investigate one or more variables.

3.2 SAMPLE DESIGN:

Sample design is the theoretical basis and the practice mean by generalizing from characteristics of relatively few of the comprising population. It is the method by which the sample is chosen.

3.2.1 Non-probability sampling:

Non-probability sampling is defined as a sampling technique in which the researcher selects samples based on the subjective judgment of the researcher rather than random selection.

3.2.1.1 Convenience sampling:

A convenience sample is a type of non-probability sampling method where the sample is taken from 149 respondents easy to contact or to reach.

3.3 SOURCES OF DATA:

Sources of Data begins with figuring out what sort of data is needed, followed by the collection of a sample from a certain section of the population. Next, you have to utilize a certain tool to gather the data from the chosen sample. The two types of sources of data are:

3.3.1 Primary data:

The Primary data was collected from Chennai through sampling questionnaire

3.3.2 Secondary data:

Secondary data was collected from external sources like Websites, Journals etc.

3.3.3 Area of the study:

The students in Chennai location alone are considered.

3.3.4 Population:

The respondents of this study considered were the UG students from different colleges in South Chennai.

3.3.5 Sampling size:

The sample size chosen for the study is 149.

3.4 TOOLS USED:

Statistical tools are involved in carrying out a study include planning, designing, collecting data, analysing, drawing meaningful interpretation and reporting of the research findings. The tools use here are percentage analysis, chi-square test and Anova test.

CHAPTER-4

DATA ANALYSIS AND INTERPRETATION

4.1 PERCENTAGE ANALYSIS:

Table 4.1: Marital Status of respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Married	54	36.2
2	Unmarried	95	63.8
TOTAL		149	100

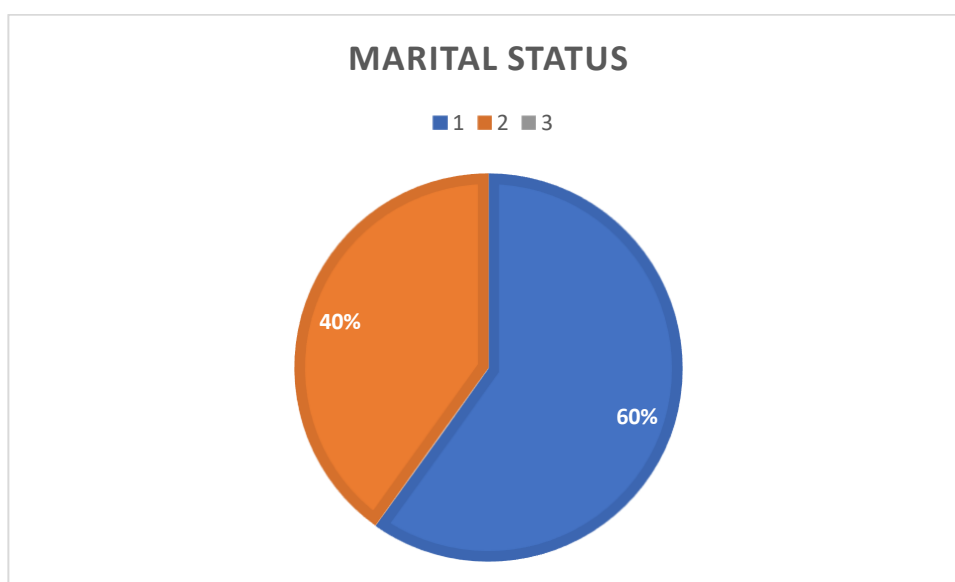


Chart 4.1: Marital status of respondents

INTERPRETATION

From the above table it is interpreted that the number of married respondents is 63.8% and the number of unmarried respondents is 36.2%.

INFERENCE:

Majority (63.8%) of the respondents are married.

Table 4.2: Age of the respondents

S.NO	Particulars	No of respondents	percentage
1	18-28 years	81	54.7
2	28-38 years	42	28.4
3	38-48 years	15	10.1
4	48 and above	10	6.8
TOTAL		148	100

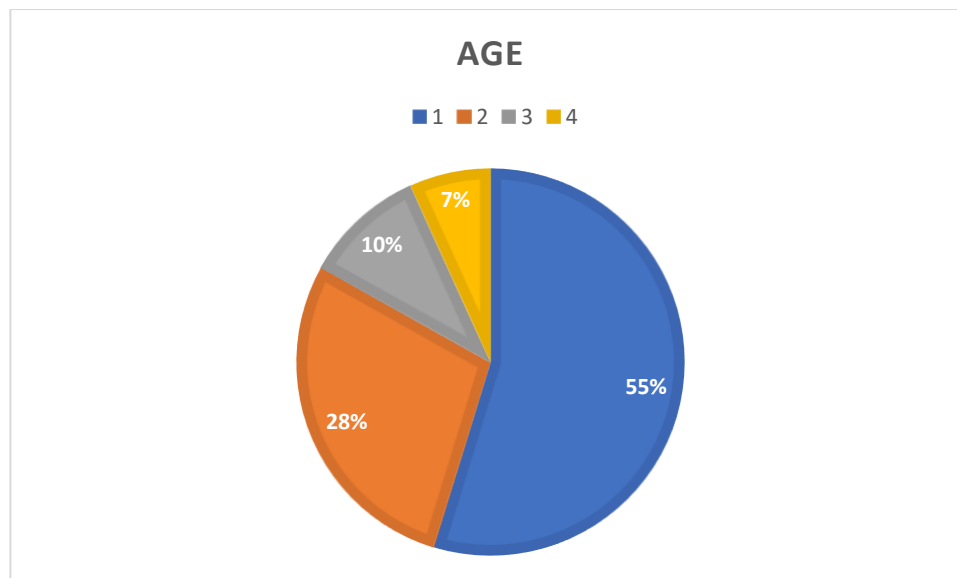


Chart 4.2: Age of the respondents

INTERPRETATION:

From the above table it is interpreted that the number of respondents 18 – 28 years is 54.7%, 29 – 38 years is 28.4%, 39 – 48 years is 10.1%, Above 48 years is 6.8%.

INFERENCE:

Majority (54.7%) of the respondents belongs to 48 and above years of age.

Table: 4.3: EDUCATION of the respondents

S. No	Particulars	No of Respondents	Percentage
1	SSLC	4	2.7
2	HSC	9	6.2
3	UG	39	26.7
4	PG	75	51.4
5	Diploma	19	13
TOTAL		146	100

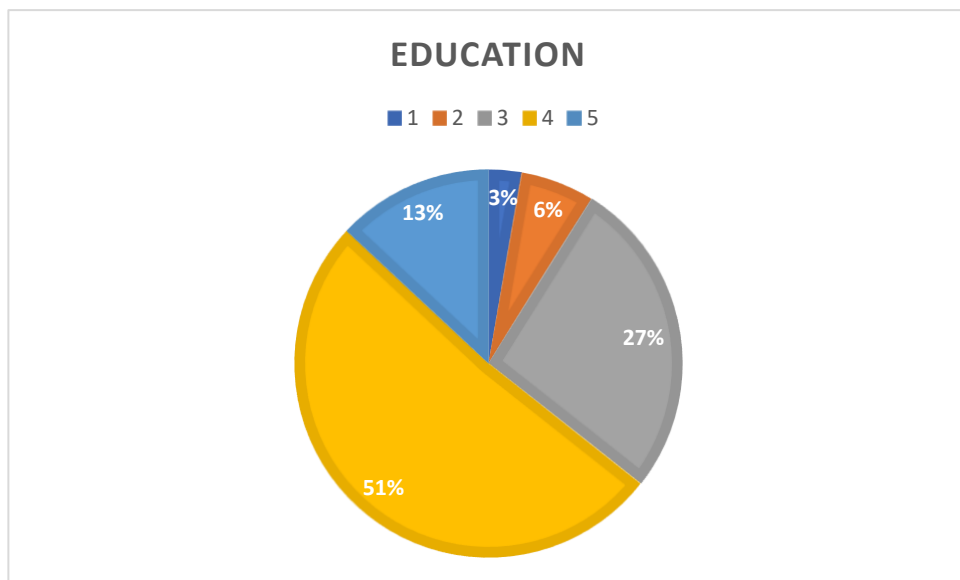


Chart 4.3: Education of the respondents

INTERPRETATION

From the above table it is interrupted that the percentage of respondents who are SSLC is 51.4%, HSC is 6.2%, UG is 26.7%, PG is 1.7%, diploma is 13%.

INFERENCE

Majority (51.4%) of the respondents are studying PG

TABLE 4.1.4: Annual Income of the respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Less than 3 lakhs	80	54.8
2	3 to 6 lakhs	37	25.3
3	6 to 9 lakhs	15	10.3
4	9 to 12 lakhs	14	9.6
TOTAL		146	100

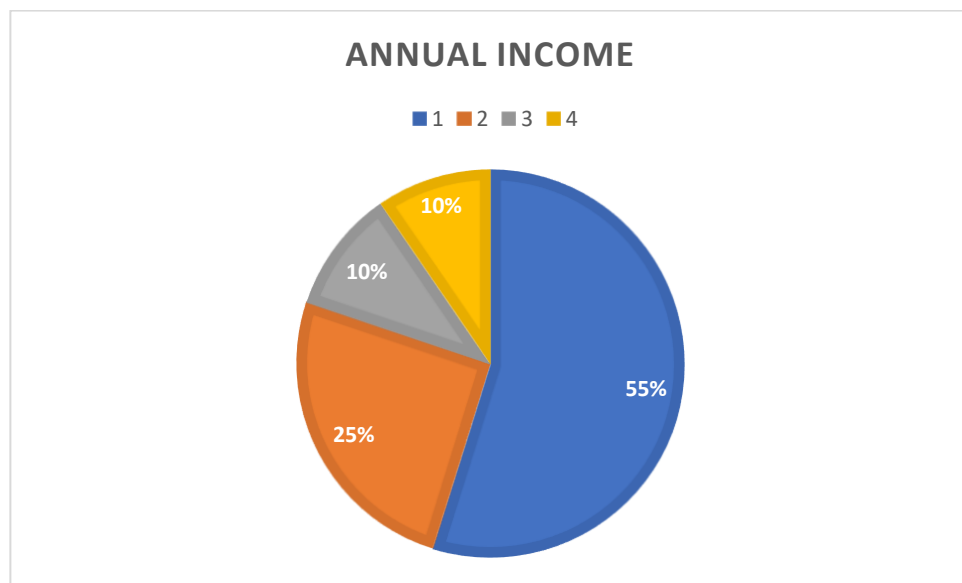


Chart 4.4: Annual income of the respondents

INTERPRETATION

From the above table it is interpreted that the percentage of respondents' income level below 3 lakhs is 54.8%, 3 – 6 lakhs is 25.3%, 6 – 9 lakhs is 10.3%, 9 – 12 lakhs is 9.6%

INFERENCE:

Majority (54.8% & 25.3%) of the respondents is earning below 3 lakhs and 3– 6 lakhs as their annual income.

Table 4.5: Current Designation of respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Technical	80	54.4
2	Non-Technical	44	29.9
3	BPO	10	6.8
4	Sales	13	8.8
TOTAL		146	100

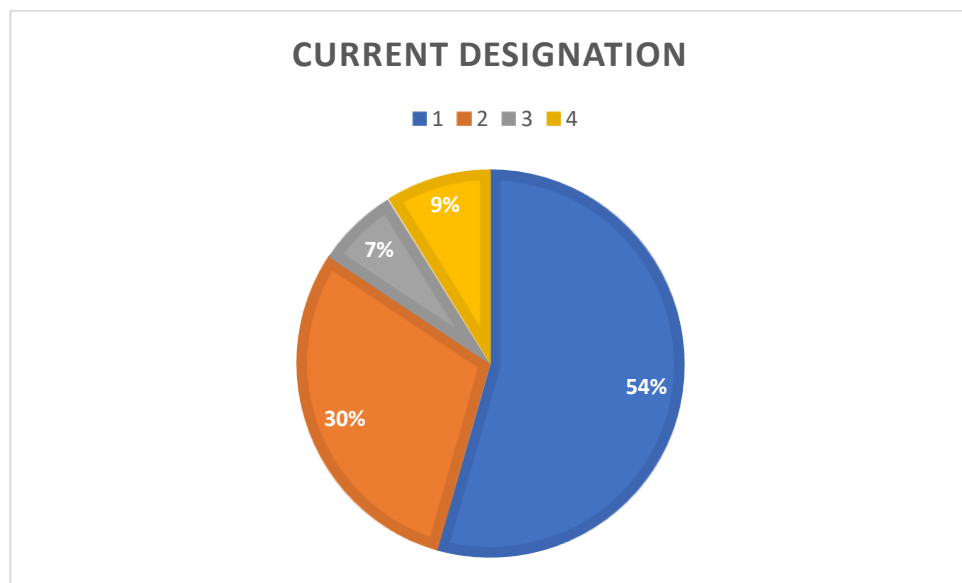


Chart 4.5: Current Designation of the respondents

INTERPRETATION

From the above table the designation in technical is 54.5%, non-technical is 29.9%, BPO are 6.8%, sales are 8.8%.

INFERENCE

Majority 54.4% of the respondents are working in technical.

Table 4.6: Total years of experience in job

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Below 3 years	83	56.8
2	2-4 years	37	25.3
3	4-6 years	13	8.9
4	Above 6 years	13	8.9
TOTAL		146	100

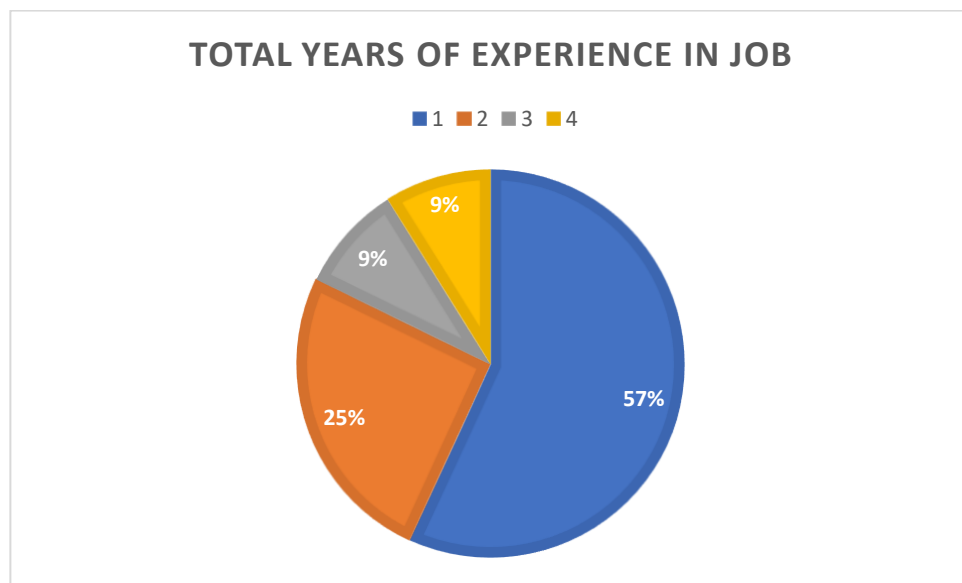


Chart 4.6: Total years of experience in job

INTERPRETATION

From the above table the total years of experience in job below 3 years are 56.8%, 2-4 years are 25.3%, 4-6 years are 8.9%, above 6 years are 8.9%.

INFERENCE

Majority 56.8% have experience below 3 years.

Table 4.7: Experience in current job

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Below 3 years	83	56.8
2	2-4 years	37	25.3
3	4-6 years	13	8.9
4	Above 6 years	13	8.9
TOTAL		146	100

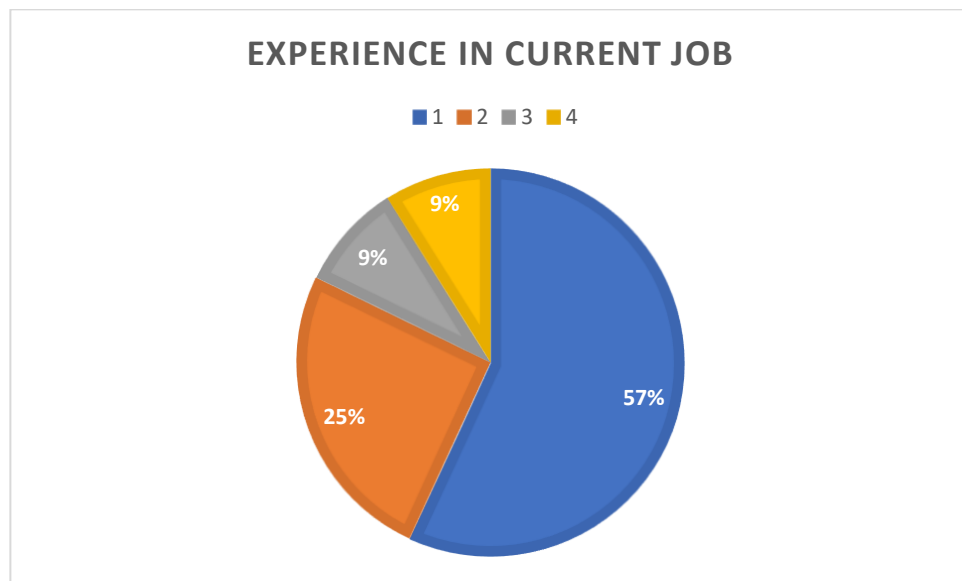


Chart 4.7: Experience in current job

INTERPRETATION

From the above table the experience in the current job below 3 years is 56.8%, 2-4 years is 25.3%, 4-6 years is 8.9%, above 6 years is 8.9%.

INFERENCE

Majority 56.8% have experience below 3 years

Table 4.8: Shift Basis of respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Yes	55	36.9
2	No	94	63.1
TOTAL		146	100

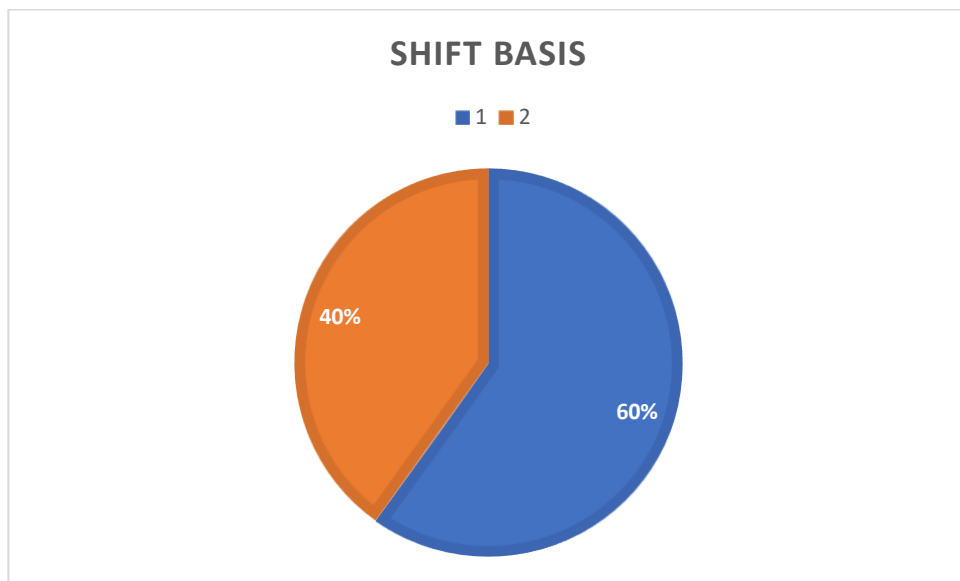


Chart 4.8: Shift Basis of respondents

INTERPRETATION

From the above table 63.1% of the people are not working in shift basis and 36.9% are working in the shift basis.

INFERENCE

Majority of the respondents are 63.1% are not working in shift basis.

Table 4.9 Rotational shift basis of respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	YES	59	39.6
2	NO	90	60.4
TOTAL		146	100

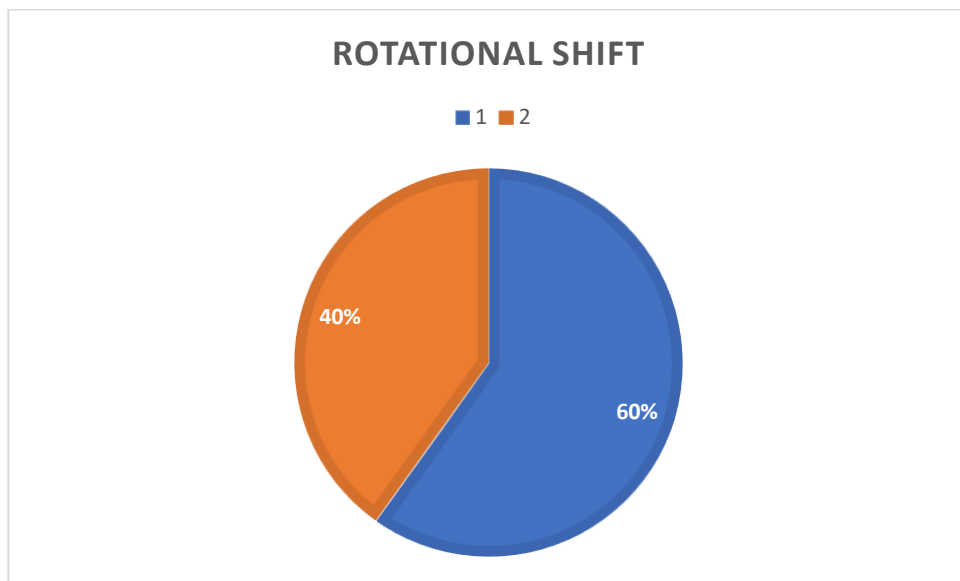


Chart 4.9: Rotational shift basis of respondents

INTERPRETATION

From the above table 60.4% of the people are not working in shift basis and 39.6% are working in the shift basis.

INFERENCE

Majority of the respondents are 60.4% are not working in shift basis.

Table 4.10: Types of shift the respondents work

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Day	54	36.7
2	Night	45	30.6
3	General	48	32.7
TOTAL		146	100

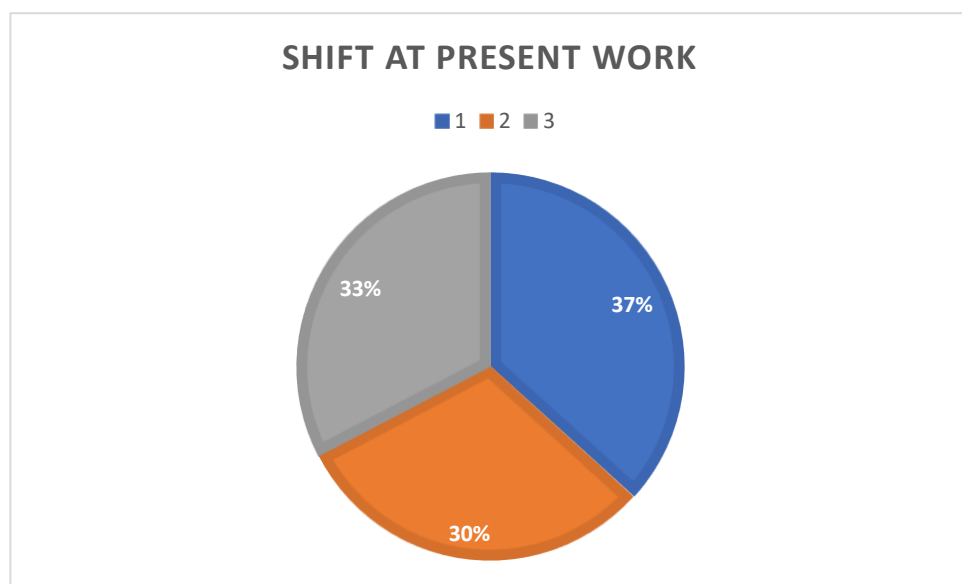


Chart 4.10 Types of shift the respondents' work

INTERPRETATION

From the above table 36.7% are working in day shift, 30.6 are working in night shift and 32.7 are working in general shift.

INFERENCE

Majority of the respondents are working in day.

Table 4.11: Hours of work of respondents

S.NO	PARTICULARS	NO. OF RESPONDENTS	PERCENTAGE
1	6 hours	39	26.5
2	8 hours	49	33.3
3	10 hours	39	26.5
4	More than 10 hours	20	13.6
TOTAL		146	100

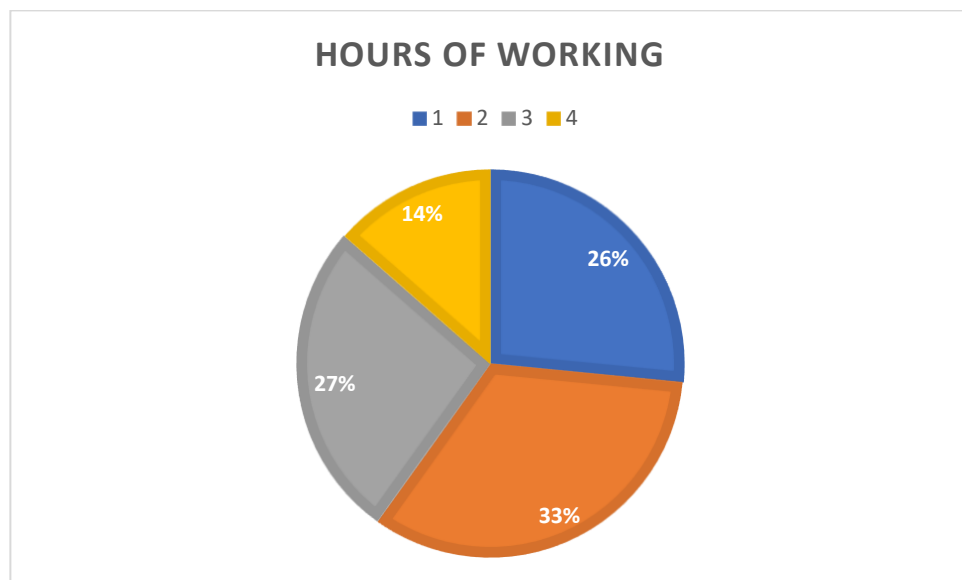


Chart 4.11: Hours of work of the respondents

INTERPRETATION:

From the above table it is interpreted that the persons working for 6 hours are 26.5%, 8 hours are 33.3%, 10 hours are 26.5%, and more than 10 hours are 13.6%.

INFERENCE:

Majority (33.3) are working for about 8 hours.

Table 4.12: Work Pressure of the respondents

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Achieving given target	84	56.4
2	Sales	24	16.1
3	Coding	29	19.5
4	BPO	12	8.1
TOTAL		146	100

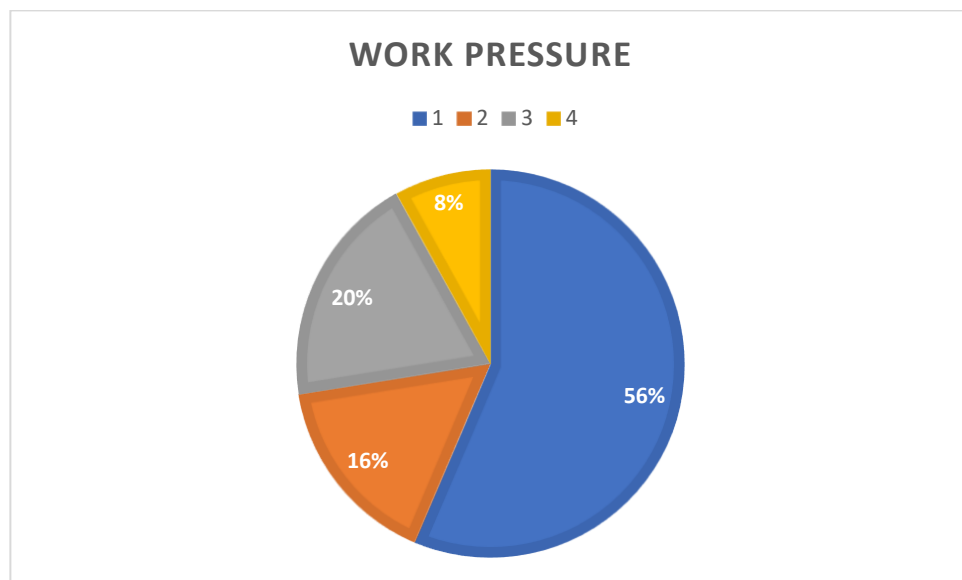


Chart 4.12 Work Pressure of the respondents

INTERPRETATION

From the above table it is said that 56.4% of respondents are feeling stress in achieving the given target, 16.1% are feeling stressed in sales, 19.1% are in coding and 8.1% in BPO.

INFERENCE

Majority (19.5%) of the people feel stress in coding.

Table 4.13: Common health issues faced by women working in IT sector

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Health issues	12	95
2	Obesity	16	62
3	Backache	34	117
4	Neck pain	15	109
5	Arthritis	18	8
6	High cholesterol	22	12
7	Heart problems	10	10
8	Kidney issue	62	6
9	Hypertension	45	45
10	Gynecological issues	12	12
11	Stress related	73	73
TOTAL		146	100

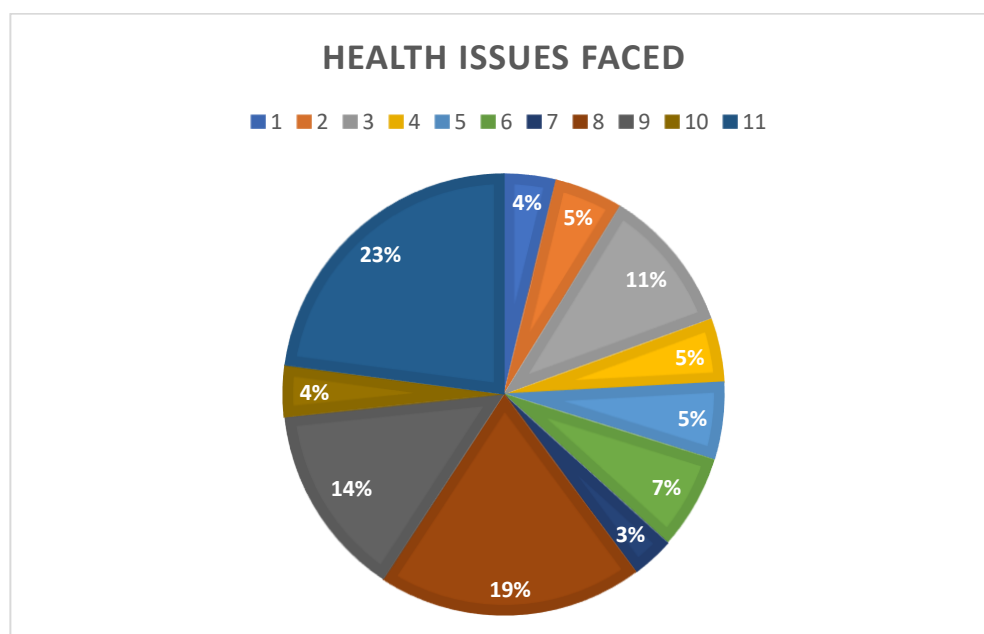


Chart 4.13: Common health issues faced by women working in IT sector

INTERPRETATION:

From the above table 95% of the respondents have health issues like 62% face obesity, 11% face backache, 10% face neck pain 8% face arthritis, 12% face high cholesterol, 10% heart problems, 6% face kidney issue, 45% face hypertension, 12% face gynecology, 73% stress related issues.

INFERENCE:

Majority (95%) of the respondents face more health issues.

Table 4.14: Stress in job for the respondents

S.NO	PARTICULARS	NO. OF RESPONDENTS	PERCENTAGE
1	Always	20	13.9
2	Seldom	26	18.1
3	Sometime	23	16
4	Rarely	25	17.4
5	Never	50	34.7
TOTAL		146	100

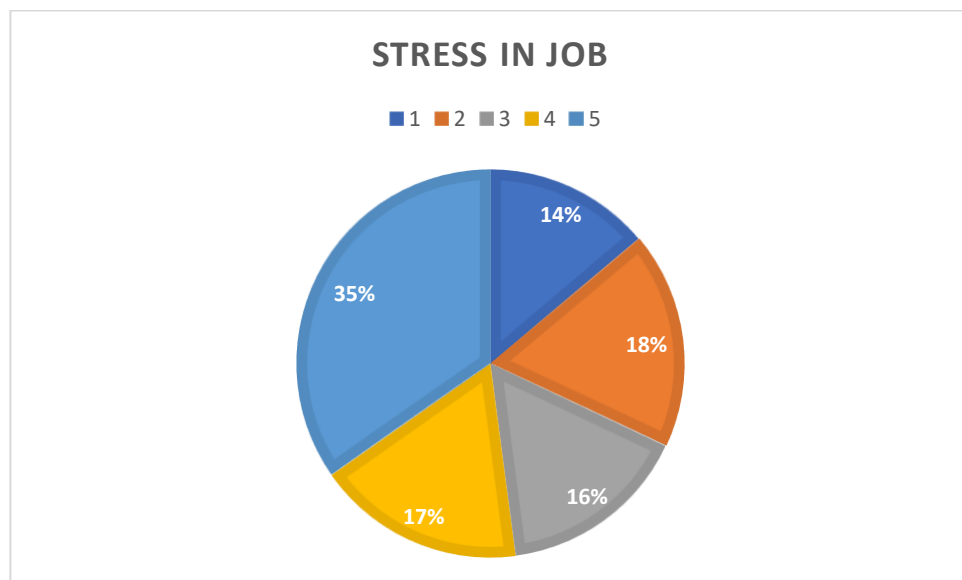


Chart 4.14: Stress in job for the respondents

INTERPRETATION:

From the above table 13.9% feels always stress in job ,18.1% respondents feel seldom, 16% of the respondents feels sometimes,17.4%feels rare,34.7 says never

INFERENCE:

Majority (34.7%) of the respondents says never.

Table 4.15: Respondents symptoms when they are stressed

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Headache	77	51.7
2	Unconscious	36	24.2
3	Migraine	36	24.2
4	Backpain	108	72.5
5	Blood pressure	32	21.5
6	Neck pain	86	57.7
7	Others	49	32.9
TOTAL		146	100

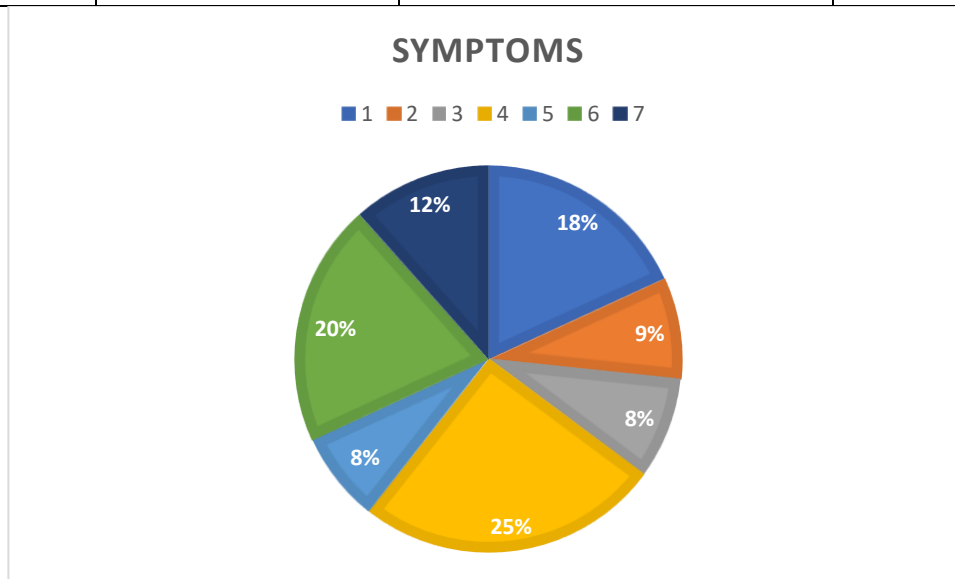


Chart 4.15 Respondents symptoms when they are stressed

INTERPRETATION:

From the above table 51.7% of the respondents says headache, 24.2 % says unconscious, 24.2% says migraine, 72.5% says backpain, 21.5% says blood pressure, 57.7% says neck pain and 32.9 says other symptoms.

INFERENCE:

Majority (72.5%) says the symptoms are backpain.

Table 4.16 Respondents do to reduce their stress

S.NO	PARTICULARS	NO OF RESPONDENTS	PERCENTAGE
1	Listen to music	12	121
2	Exercise	22	33
3	Go for a walk	24	53
4	Spend time with family	54	42
5	Take rest/sleep	45	45
6	Swim	14	14
	Take a break and do some recreation	15	57
TOTAL		146	100

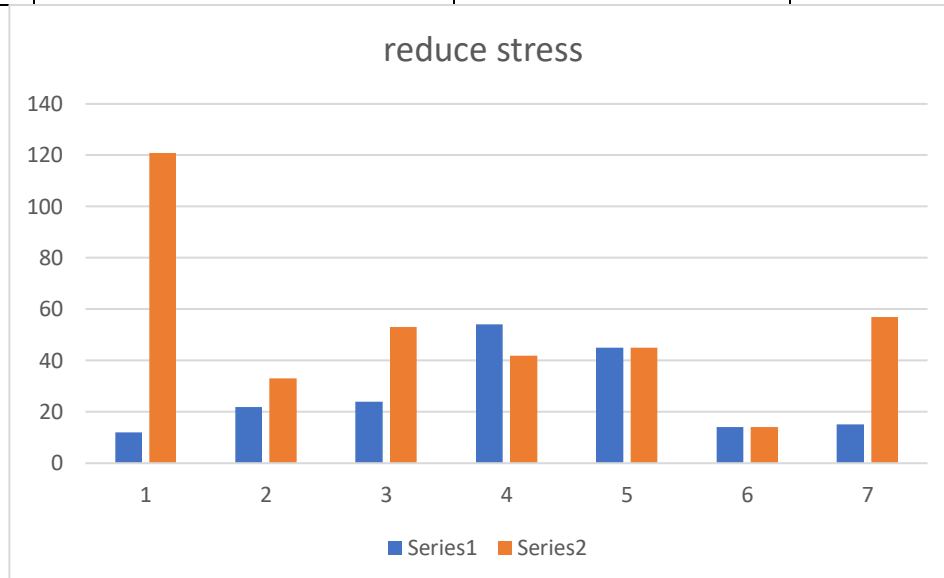


Chart 4.16: Respondents do to reduce their stress

INTERPRETATION:

From the above table the respondent has given 121 % for listening to music,33% for exercise,53% for go for a walk,42% to spend time with family,45% to take rest and sleep,14% to swim and 57% to take a break and do some reaction.

INFERENCE:

Majority (121%) have suggested to listen to music.

Table 4.17: Type of Health issues faced by the respondents

Particulars	Always	Mostly	Sometimes	Rarely	Never
Health issues	97	6	2	1	1
Obesity	40	23	9	1	1
Bach ache	100	7	24	2	1
Neck pain	89	14	9	11	1
Arthritis	5	6	8	3	8
High cholesterol	10	10	11	5	3
Heart problems	7	10	13	3	2
Kidney issues	6	10	11	4	1
Hyper tension	27	17	20	1	1
Gynecological issues	11	14	7	5	1
Stress related issues	38	41	19	3	2

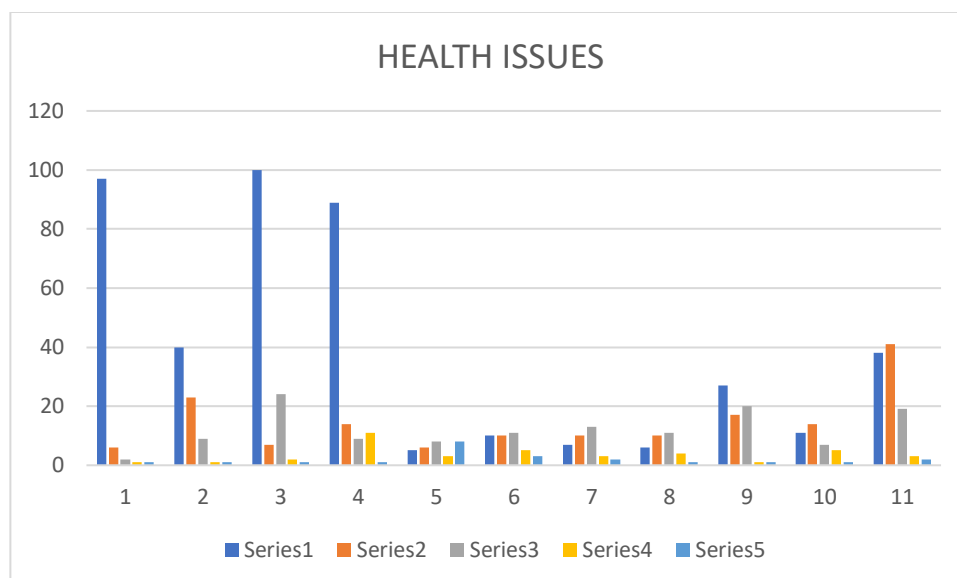


Chart 4.17: Type of Health issues faced by the respondents

INTERPRETATION:

From the above table 97% of the respondents feel health issues like 40% in obesity,100% in backache,89% in neck pain,5% in arthritis,10% in high cholesterol,7% in heart problems,6% in kidney issues,27%in hyper tension, 11% in gynecological issues,38% in stress related issues.

INFERENCE:

Majority (100%) of the respondents have ranked back ache.

Table 4.18: Health practices which keep respondents fit

Particulars	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Eating healthy food	140	4	2	1	1
Eating on time	52	88	3	1	1
Doing physical exercise	72	25	28	1	1
Having a good sleep	54	57	10	15	3
Having health check ups	26	20	12	10	13
Taking care of self to avoid any serious health issues	45	45	18	7	1
Relaxing yourself with some regular hobbies	48	36	25	6	1
Scheduling for the next day	34	49	16	5	2
Maintain schedule	40	34	17	11	1
Spend time with family	34	44	18	5	2
Going for recreation	33	53	13	7	1
Completing work on time	42	50	20	10	4

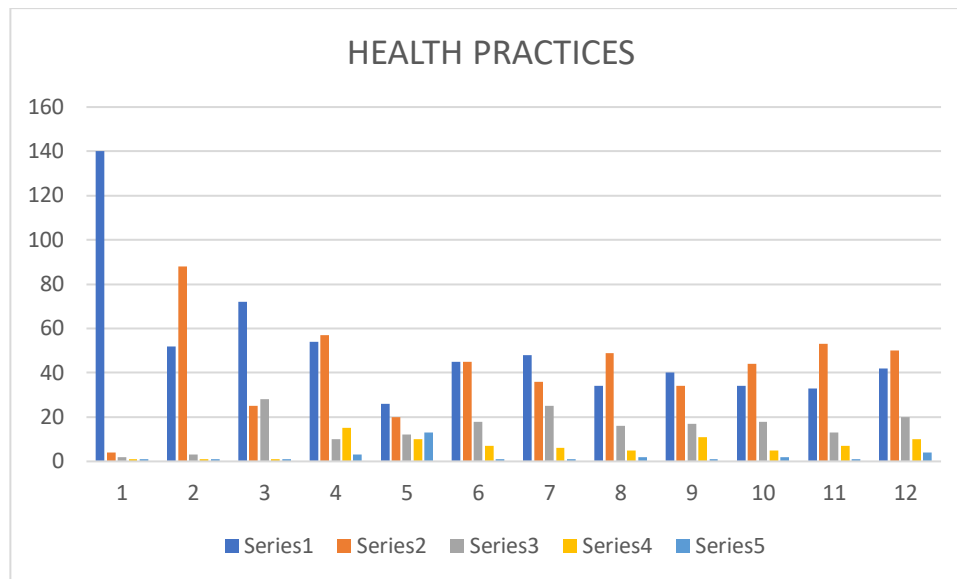


Chart 4.18: Health practices which keep respondents fit

INTERPRETATION:

From the above table the number of respondents have ranked 140% in eating healthy food, 52% in eating on time, 72% in doing physical exercise, 54% in having good sleep, 26% on having health checkups, 45% taking care of self to avoid health issues, 48% on relaxing yourself with regular hobbies, 34% scheduling for the next day, 40% maintaining time, 34% on spending time with family, 33% on going for recreation, 42% on completing the work on time.

INFERENCE:

Majority (140%) have responded in eating healthy food.

Table 4.19: Regular health checkups

S.NO	Particulars	No of respondents	percentage
1	Strongly agree	13	8.8
2	Agree	27	18.4
3	Neutral	26	17.7
4	Disagree	33	22.4
5	Strongly disagree	48	32.7
TOTAL		146	100

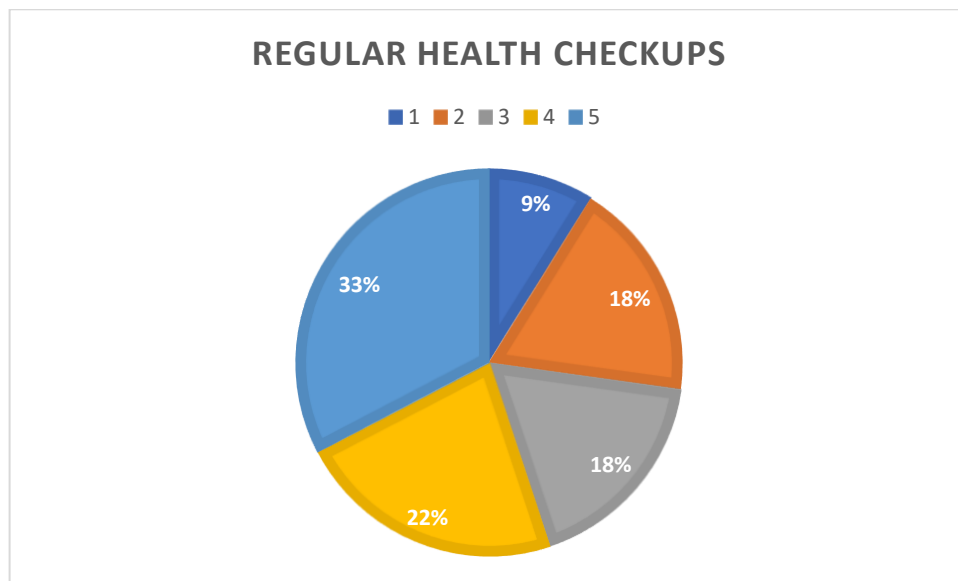


Chart 4.19: Regular health checkups

INTERPRETATION:

From the above table the respondents have ranked for 13%for strongly agree,27% agree,26% are neutral,33% disagree and 48% strongly disagree.

INFERENCE:

Majority (32.7%) strongly disagree with regular health checkups.

4.2 CHI-SQUARE ANALYSIS:

4.20 Table showing significant difference between age and work pressure of employees:

Null Hypothesis (H0) – There is no significant difference between age of women employees in IT and IT enabled services and their perception towards work pressure in the organisation.

Alternate Hypothesis (H1) – There is no significant difference between age of women employees in IT and IT enabled services and their perception towards work pressure in the organisation.

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
a * What kind of work pressure do you have?	150	100.0%	0	0.0%	150	100.0%

a * What kind of work pressure do you have? L SEP Crosstabulation									
			What kind of work pressure do you have?						Total
			1	achievin g given target	BPO (working online with custome r)	codin g	sales	What kind of work pressur e do you have?	
a	1	Count	2	0	0	0	0	0	2
		Expected Count	.0	.9	.1	.4	.5	.0	2.0
	18- 28yrs	Count	0	39	0	18	24	0	81
		Expected Count	1.1	36.7	5.4	16.7	20.0	1.1	81.0
	28- 38yrs	Count	0	17	8	7	8	0	40
		Expected Count	.5	18.1	2.7	8.3	9.9	.5	40.0
	38-48	Count	0	4	0	3	1	0	8

		Expected Count	.1	3.6	.5	1.7	2.0	.1	8.0
	38-49	Count	0	4	0	3	1	0	8
		Expected Count	.1	3.6	.5	1.7	2.0	.1	8.0
	38-50	Count	0	1	0	0	1	0	2
		Expected Count	.0	.9	.1	.4	.5	.0	2.0
	48 and above	Count	0	1	1	0	1	0	3
		Expected Count	.0	1.4	.2	.6	.7	.0	3.0
	49 and above	Count	0	1	1	0	1	0	3
		Expected Count	.0	1.4	.2	.6	.7	.0	3.0
	50 and above	Count	0	1	0	0	0	0	1
		Expected Count	.0	.5	.1	.2	.2	.0	1.0
	Age	Count	0	0	0	0	0	2	2
		Expected Count	.0	.9	.1	.4	.5	.0	2.0
	Total	Count	2	68	10	31	37	2	150
		Expected Count	2.0	68.0	10.0	31.0	37.0	2.0	150.0

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	332.190 ^a	45	.004
Likelihood Ratio	75.952	45	.003
Linear-by-Linear Association	1.631	1	.202
N of Valid Cases	150		
a. 53 cells (88.3%) have expected count less than 5. The minimum expected count is .01.			

Interpretation:

Since P value (0.004) is less than 0.05, we accept alternate hypothesis and reject null hypothesis. Hence there is significant difference between age of women employees in IT and IT enabled services and their opinion work pressure.

4.3 ANOVA ANALYSIS:

4.21 Table showing association and health practices followed by women employees and health issues faced by them

Null Hypothesis (H0) – There is no association between health practices followed by women employee's IT and IT enabled services and health issues faced by them.

Alternate Hypothesis (H1) – There is association between health practices followed by women employee's IT and IT enabled services and health issues faced by them

ANOVA					
Are you facing any of the health issues mention below? [Gynecological issues]					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	67.497	4	16.874	7.759	.035
Within Groups	137.018	63	2.175		
Total	204.515	67			

Interpretation:

Since P value (0.035) is less than 0.05, we accept alternate hypothesis and reject null hypothesis. There is association between health practices followed by women employee's IT and IT enabled services and health issues faced by them

CHAPTER-5

FINDINGS SUGGESTION AND CONCLUSION

5.1 FINDINGS

- 63.8% of the respondents are married.
- 54.7% of the respondents belongs to 48 and above years of age.
- 51.4% of the respondents are studying PG
- 54.8% & 25.3% of the respondents is earning below 3 lakhs and 3 – 6 lakhs as their annual income.
- 54.4% of the respondents are working in technical.
- 56.8% have experience below 3 years
- 56.8% have experience below 3 years.
- 19.5% of the people feel stress in coding.
- 95% of the respondents face more health issues.
- 34.7% of the respondents says never.
- 72.5% says the symptoms are backpain.
- 121% have suggested to listen to music
- 100% of the respondents have ranked back ache.
- 32.7% strongly disagree with regular health check-ups.
- 121% of the respondents listen to music to reduce their stress.
- 33% of the respondents do exercise to reduce their stress.
- 53% of the respondents go for a walk to reduce their stress.
- 42% of the respondents spend their time with family to reduce their stress.
- 45% of the respondents take rest or go for a sleep to reduce their stress.
- 14% of the respondents do swimming to reduce their stress.
- 57% of the respondents take a break and do some recreation to reduce their stress.
- 40% of the respondents face obesity in working.
- 100% of the respondents get back ache in working.
- 89% of the respondents feel neck pain in working.
- 5% of the respondents get arthritis through working.
- 10% of the respondents get high cholesterol through working.

- 7% of the respondents get heart problem through working.
- 6% of the respondents get kidney issues due to working.
- 27% of the respondents get hypertension in working.
- 11% of the respondents get gynecological issues.
- 140% of the respondents follow the health practice like eating healthy food.
- 52% of the respondents follow the health practice like eating on time.
- 72% of the respondents follow the health practices like doing physical exercise.
- 54% of the respondents follow the health practices like having a good sleep.
- 26% of the respondents having regular health check up's regularly.
- 45% of the respondents are taking care of their selves to avoid serious health issues.
- 48% of the respondents are relaxing with some regular hobbies.
- 34% of the respondents are managing their time by scheduling for the next day.
- 42% of the respondents are completing their work o time.

5.2 SUGGESTION:

Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall. Elder and long-term care issues affect women more often because they live longer; have higher rates of disability and chronic health problems; and lower incomes than men on average, which puts them at greater need for state and community resources, such as Medicaid. Women experience unique health care challenges and are more likely to be diagnosed with certain diseases than men. Chronic diseases and conditions—such as heart disease, cancer and diabetes—are the leading causes of death for women. Nearly half of adults—133 million people—have a chronic illness, and half of those have two or more chronic conditions. Thirty-eight percent of women suffer from one or more chronic diseases, compared to 30 percent of men.

CHAPTER-6

CONCLUSION:

The researcher has reviewed many studies have focused on working women's stress and strains when it comes to the balance between paid work and family responsibilities. Women are working in all manufacturing and service sectors throughout the world. In many developed countries, women are facing different issues such as sexual, mental harassments in work place, safety issues in travelling in different modes of transport after office hours, flexible working time, child care facility, non-cooperation from family members, gender biasness in promotional policies and decision making. Beside these issues many working women are balancing dual role (work and family) effectively and solving day to day problems in both work and family life. All working women receives the support from family members, organization and government policies for their problems and take proper steps to rectify their different issues to balance their work and life, which will lead to run a peaceful life in work and family and paves way for hyper growth and development of the country.

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QUESTIONNAIRE

PERSONAL DETAILS

Name (optional):

Marital Status:

- 1) Married
- 2) Unmarried

Age:

- 1) 18-28yrs
- 2) 28-38yrs
- 3) 38-48yrs
- 4) 48 and above

Education:

- 1) SSLC
- 2) HSC
- 3) U.G.
- 4) P.G.
- 5) Diploma

Annual Income:

- 1) less than 3 lakhs
- 2) 3 lakhs to 6 lakhs
- 3) 6 lakhs to 9 lakhs
- 4) 9 lakhs to 12 lakhs

6. Current Designation:

- 1) Technical
- 2) Non-Technical
- 3) BPO
- 4) Sales

7. Total years of experience in job:

- 1) below 3 years
- 2) 2-4 years
- 3) 4-6 years
- 4) above 6 years

8.Experience in current job:

- 1) below 3 years
- 2) 2-4 years
- 3) 4-6 years
- 4) above 6 years

9.Are you working in shift basis:

- 1)Yes
- 2) No

10.Are you given a shift on a rotation basis:

- 1)Yes
- 2) No

11.Which shift are you at present working?

- 1) Day
- 2) Night
- 3) General

12.How many hours do you work in a day in a shift?

- 1) 6hours
- 2) 8hours
- 3) 10 hours
- 4) more than 10hours

13.What kind of work pressure do you have?

- 1) achieving target
- 2) sales
- 3) coding
- 4) BPO (working online with customer)

14. According to you which are the common health issues faced by women working in IT sector? (rank)

15. Do you feel stresses in your job?

1) always 2) seldom 3) sometimes 4) rarely 5) Never

S.NO	Health issues	Rank
	obesity	
	backache	
	Neck pain	
	Arthritis	
	High cholesterol	
	Heart problems	
	Kidney issue	
	hypertension	
	Gynecological issues	
	Stress related issues	

16. What symptoms you have when you are stressed? (tick all applicable for you)

1) headache 2) unconsciousness 3) Migraine

4) blood pressure 5) back pain 6) neck pain

7) others (pls MENTION) _____

17. What do you do to reduce your stress?

Relaxation techniques	Always	Mostly	Sometimes	Rarely	Never
Listen to music					
Exercise					
Go for a walk					
Spend time with family					
Take rest / sleep					
Swim					
Take a break and do some recreation					

18.Are you facing any of the health issues mention below?

S.NO	Health issues	Always	Mostly	Sometimes	Rarely	Never
	Obesity					
	Backache					
	Neck pain					
	Arthritis					
	High cholesterol					
	Heart problems					
	Kidney issue					
	Hypertension					
	Gynecological issues					
	Stress related issues					

19.Do you agree that regular health checkups are necessary to stay healthy in day to day life?

strongly agree

2) agree

3) neutral

4) disagree

5) strongly disagree

20.To stay healthy as a working woman do you practice the following health practices

Healthy practices	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Eating healthy food					
Eating on time					
Doing physical exercise daily (yoga, walking, exercise etc.)					
Having a good sleep (minimum 6 to 7 hours continuously)					
Having health checkups					
Taking care of self to avoid any serious health issues					
Relaxing yourself with some regular hobbies					
Planning for your work ahead (scheduling for the next day /month)					
Maintaining timings as scheduled					
Going for recreation with the family					

Spending more time with family					
Completing office work on time and not bring it to home					

20.To stay healthy as a working woman do you practice the following health practices?

21.How can the organization help to improve health issue faced by women?

22.Give your suggestions to improve women health for the women working in IT and IT Enabled services.

A STUDY ON HEALTH ISSUES FACED BY WOMEN IN IT & IT ENABLED SERVICES

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ABSTRACT:

India is on the path of becoming an economic superpower but its performance index in health component of human development, particularly that of women is not at all impressive. The typical female advantage in life expectancy is not seen in India. In the context of the new economics of liberalization and its challenges to work, human security and development it is necessary to understand whether women are in a position to take advantage of the economic take-off. Therefore, an attempt is made in this paper to analyses the health issues of women in India in relation to their work environment, productivity and welfare. It focuses on two broad areas of gender-based differences and inequalities, viz. the links between gender and economic productivity, and the development of human capital.

KEYWORDS:

Health component, women employees, Health issues of women.

INTRODUCTION:

India is a forerunner among developing counters in accepting cyber industry. Software industry is reported to be the fastest growing occupation in the global scenario. It is now emerging as one of the largest employment providers to women (COM 2003). It is estimated that women constitute about 21 percent of the total Software workforce which is higher than their participation in the national economy as

a whole. Thus, software industry contributes to the enhancement of women's work participation in the country. The software industry is characterized by reduction in physical labor and increase in skill or knowledge component. This makes it possible for women to take up jobs that were formally the domain of men (Kelkar, 2003). Long hours of work and travel inevitable in the software industry leads to women opting for jobs in testing or quality assurance, which is usually paid less, but have regular working hours. In this branch, they have no chance of being sent abroad. This is a major reason why although participation of women in software industry increasing, the proportion of women at the top remains low. Rothrock et al. (2001) in a study on Indian software labor market found clustering of women professionals at the lower end of the hierarchy leading to feminization of certain service activities. Miter (2003) conducted a study in Malaysia and India to find out the impact of information technology on women. He observed that a women's work has multiplied and the gender-based division of labor was continued even as a result of the introduction of new information and communication technologies.

OBJECTIVES OF THE STUDY:

The Primary objectives of this study is to study the health issues faced by women working in IT and IT enabled services. The secondary objective is to explore the impact of health issues on working women and emerging trends of work from home.

REVIEW OF LITERATURE:

Gobalakrishnan and Gandhi (2013) in their study "Working Women and their problems in daily life: A Sociological Analysis" conducted a survey on the women who are working in the colleges in the Tiruvannamalai District to find out their daily life's problems. Even though most (72%) of the respondent is living in the joint family, but they are expressing the problems like anxiety, depression and inferiority complex in their daily life. The economic condition of the family pushes them to go to work, but

nobody supports them in the family matters. So, the study suggested that when the married women go for work, then the family members, including the husband should support them in various household activities and that they relieve them from various problems and the pressure of both families as well as work environment.

Dashora (2013) explains the various problems faced by working women in India. Working women are subject to mental and sexual harassment at the workplace, working women faced biases in salary, skills and technical efficiency. The public transport system, unwanted attention of the colleagues and boss attribute to sexual favors. The psychological pressure created from all this leads a situation where a woman is no more able to pursue her job. The traditional way of thinking men as the bread-winner and women as exclusively meant for household tasks continuously creates hurdles for the working women.

Avais, Wassen and Shah (2014) in their study “A case study on problems of Working Women in city Sukkar” find out the various types of problems that working women face like as domestic problems as well as official matters. The study was explorative in nature to investigate the problems of working women in Sukkar. They identified a maximum number of problems of working women they face from morning to evening. The working women have dual work roles in one front they have roles related to caring and rearing, in another front, they have to handle out the issues of sexual, emotional, and financial abuse outside and inside the home. The study mainly focused on that sexual harassment is a ground reality in working women of Sukkar and there is a need for the implementation of the legislation passed by the government.

Nawaz, Afzal & Shehzadi (2013) in their study “Problems of formally employed women: a case study of Bahawalnagar, Pakistan” highlights the problems faced by working women informal sector in Bahawalnagar. By using a stratified random sampling method, data collected from four public sectors departments like as police, nursing, teaching and college lecturers. By using the descriptive analysis method, the result of the study revealed that policewomen faced low social status and non-recognition of their jobs, nurses faced unscheduled working hours and low wages and school teachers want higher wages for their work. The study mainly examines the social and domestic problems of formally employed women as well as verifies the behavior of family members and social circle of formally employed women towards their job in the focused area. The study concluded that the working women of

Bahawalnagar faced various social and workplace problems like as; their working hours are too long, most of the respondents face unavailability of transportation, most of the respondents have no job security, they have very low allowance, they are facing gender discrimination and the problem that is especially related to school teachers and nurses is of low wages. The problems of policewomen in the present study are related to their long and spontaneous work hours.

Rani (2013) in her study titled “Marital Adjustment Problems of Working and Non-Working Women, in contrast to their Husband” tries to find out the marital adjustment issues of working women teachers. A sample of 80 women (40 working and 40 non-working women) collected for this purpose through random selection. The result revealed that non-working wives are facing more marital adjustment problems in comparisons to their partners. Working women, who are married, have dual responsibilities at home and work spheres. They need more co-operation and adjustment to manage both spheres. The dual roles expectations promote overstrain among married working women. These dual role expectations lead to the situations where married working women have not the proper time for their spouses. This causes marital maladjustment. The study concludes that working women are facing maladjustment at both fronts-home and office.

RESEARCH METHODOLOGY:

Based on my study, the sample size of 149 was drawn from the population using the descriptive sampling techniques with a duration of 3 month. I use questionnaire as a primary data and secondary data from books and websites. This article is prepared by analyzing the research paper. The structure of the question is was designed with the demographic factor questions, multiple choice question for analyze respondent saving behavior.

ANALYTICAL TOOLS:

The present study uses the following statistical tools for analyzing the collected data. Percentage, AOVA analysis, Chi-square analysis are used for this research

PERCENTAGE ANALYSIS:

Table showing type of Health issues faced by the respondents

Particulars	Always	Mostly	Sometimes	Rarely	Never
Health issues	97	6	2	1	1
Obesity	40	23	9	1	1
Back ache	100	7	24	2	1
Neck pain	89	14	9	11	1
Arthritis	5	6	8	3	8
High cholesterol	10	10	11	5	3
Heart problems	7	10	13	3	2
Kidney issues	6	10	11	4	1
Hyper tension	27	17	20	1	1
Gynaecological issues	11	14	7	5	1
Stress related issues	38	41	19	3	2

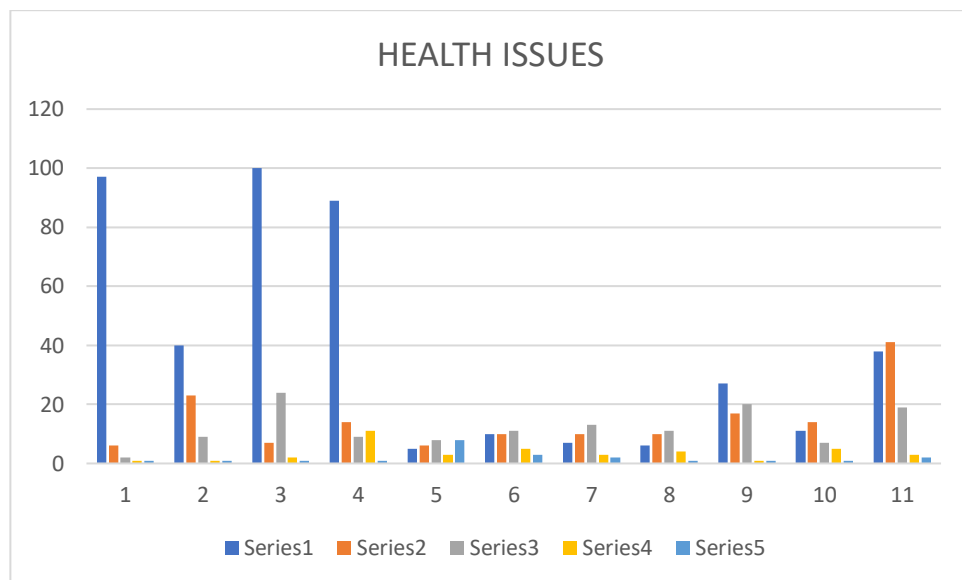


Chart showing types of Health issues faced by the respondents

INTERPRETATION:

From the above table 97% of the respondents feel health issues like 40% in obesity, 100% in backache, 89% in neck pain, 5% in arthritis, 10% in high cholesterol, 7%

in heart problems,6% in kidney issues,27%in hyper tension, 11% in gynecological issues,38% in stress related issues.

INFERENCE:

Majority (100%) of the respondents have ranked back ache.

Table showing regular health checkup

S.NO	Particulars	No of respondents	percentage
1	Strongly agree	13	8.8
2	Agree	27	18.4
3	Neutral	26	17.7
4	Disagree	33	22.4
5	Strongly disagree	48	32.7
TOTAL		146	100

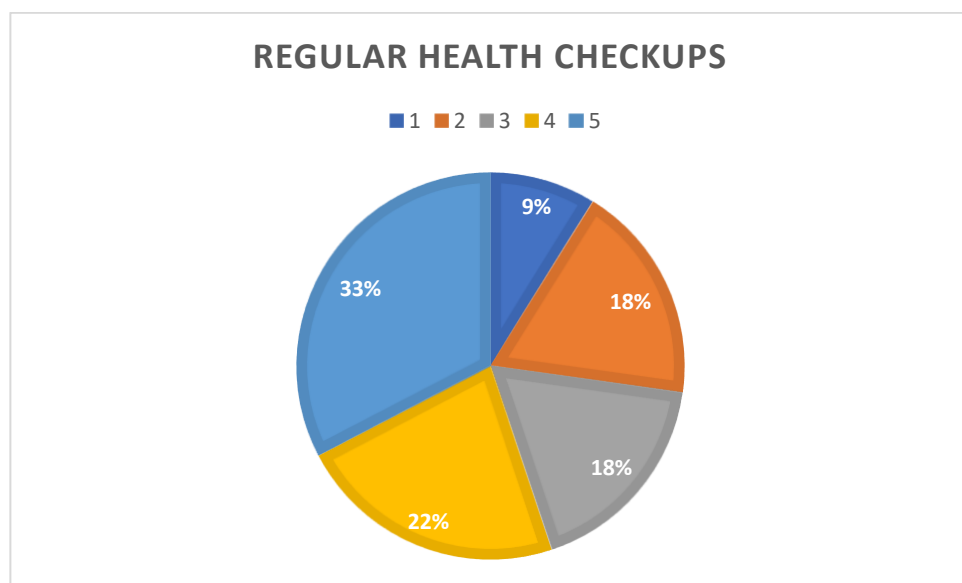


Chart showing regular health checkups

INTERPRETATION:

From the above table the respondents have ranked for 13%for strongly agree,27% agree,26% are neutral,33% disagree and 48% strongly disagree.

INFERENCE:

Majority (32.7%) strongly disagree with regular health checkups.

ANOVA ANALYSIS:

Table showing association health issues and health practices of employees:

Null Hypothesis (H0) – There is no association between health issues and health practices followed by women employee's IT and IT enabled services.

Alternate Hypothesis (H1) – There is no association between health issues and health practices followed by women employee's IT and IT enabled services.

ANOVA					
Are you facing any of the health issues mention below? [Gynecological issues]					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	67.497	4	16.874	7.759	.035
Within Groups	137.018	63	2.175		
Total	204.515	67			

Interpretation:

P value is 0.035. Since P value is lower than 0.05, we accept alternate hypothesis and reject null hypothesis. There is no association between health issues and health practices followed by women employee's IT and IT enabled services.

SUGGESTION:

Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall. Elder and long-term care issues affect women more often because they live longer; have higher rates of disability and chronic health problems; and lower incomes than men on average, which puts them at greater need for state and community resources, such as Medicaid. Women experience unique health care challenges and are more likely to be diagnosed with certain diseases than men. Chronic diseases and conditions—such as heart disease, cancer and diabetes—are the leading causes of death for women. Nearly half of adults—133 million people—have a chronic illness, and half of those have two or more chronic conditions. Thirty-eight percent of women suffer from one or more chronic diseases, compared to 30 percent of men.

CONCLUSION:

The researcher has reviewed many studies have focused on working women's stress and strains when it comes to the balance between paid work and family responsibilities. Women are working in all manufacturing and service sectors throughout the world. In many developed countries, women are facing different issues such as sexual, mental harassments in work place, safety issues in travelling in different modes of transport after office hours, flexible working time, child care facility, non-cooperation from family members, gender biasness in promotional policies and decision making. Beside these issues many working women are balancing dual role (work and family) effectively and solving day to day problems in both work and family life. All working women receives the support from family members, organization and government policies for their problems and take proper steps to rectify their different issues to balance their work and life, which will lead to run a peaceful life in work and family and paves way for hyper growth and development of the country.

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