



WORK, STRESS, HEALTH AND SOCIO ECONOMIC STATUS

Meenakshi J. Surpande

Post Graduate Teaching Department of Home Science
Rashtrasant Tukadoji Maharaj Nagpur University Nagpur
Email ID: meenakshisurpande@yahoo.com

ABSTRACT

Nutritional status, health status and occupational stress are distinct but interrelated factors. Any variation in one factor will affect other two factors. If there is an increase in occupational stress it affects nutritional status and in turn creates a health problem. Women's primary responsibility for household's nutrition e.g. Food preparation, healthcare the immediate determinants of nutritional status (dietary intake, health, and care) do not differ in urban and rural context. But urban households may have a more difficult time than rural ones in maintaining adequate nutritional levels. Poor physical condition at work, non-availability of modernized equipment, low wages and non-supportive management staff worsen the physical and mental health of workers. On the other hand, change in health status predisposes occupational stress and initiates a problem. Reported physical hazards such as inadequate lighting and overheating at several units must receive attention and intervention. The management must be aware that this condition could influence workers' productivity and factory production. The amount and quality of light at a workplace, walls and work surfaces can influence the health of the people and their job performance. Traditionally labour-oriented markets are changing towards more automation and mechanization, at the same time general awareness about occupational safety, occupational and environmental hazard is limited in the society.

Keywords: Nutritional status, Occupational stress, dietary intake, healthcare.

INTRODUCTION

Women constitute about half of the country's population. There can't be happiness and full development as long as women remain depressed and exploited. "A woman's health in her total well-being is not determined solely by her biological factors and

reproduction, but also by effects of work load, nutrition, stress, war and migration, among others. Nutritional status affects working capacity and improving the quality of life. Through these various roles women influence the nutritional status of the individual family member of the house. Employment



of the wife supplements to the household income and paves for better purchasing power. This holds good for women belonging to middle and high income groups. Beside physical and mental strain employment calls for homemakers to preserve harmony in their life. Biological and other productive roles of women that may be influenced by their nutritional status. While women's nutrition status is an integral part of their household's nutrition profile, it is also a cause of the household's nutritional status, since performance of nutrition-related roles depends, for example, on women's energy level. Socioeconomic and socio-cultural factors (e.g., income, literacy, traditional beliefs) simultaneously influence both women's nutritional status and their nutrition-related roles. On the Indian subcontinent, the apparent contradiction between women's primary responsibility for household nutrition (e.g. food preparation, health care) and their own serious malnutrition renders a

simultaneous examination of these two aspects particularly interesting. The immediate determinants of nutritional status (dietary intake, health, and care) do not differ in urban and rural contexts. But urban households may have a more difficult time than rural ones in maintaining adequate nutritional levels. (Mathur, 2015).

The multifaceted challenges concerning women's health, which in turn, influence and raise other issues like infant mortality, reproductive health, child health, nutritional status, mental health, etc. are interwoven with the several psychosocial variables which are of grave relevance to the women's existence in developing countries .In India, it was found that, on one hand, the prevalence of chronic energy malnutrition in tribal women was significantly higher than the rural women ,and on the other hand, prevalence of obesity and overweight was higher among rural women than the tribal women and was also observed that due to variations in culture,



religion and levels of development among different Indian states, women's health vary from state to state.(Bisht,2013).

The health of Indian women is intrinsically linked to their status in society. Women in poor health are more likely to give birth to improper weight infants and are also less likely to be able to provide food and adequate care for their children. A woman's health affects the household economic well-being and when women become healthier and better nourished, their status in society improves .The multiple roles of household work, child rearing and paid work that women carry out has implications for their physical and mental health (Sen, 2016).

Nutritional anaemia is widely prevalent in many parts of the world, prevalent in many parts of the world, particularly in developing countries; adolescent anaemia was reported as the greatest nutritional problem. The prevalence of anaemia in the developing countries tends to be three to four times higher than in

the developed countries. Anaemia is an indicator of both poor health and poor nutrition. Nutritional anaemia in adolescent girls can have an adverse effect on educational performance, productivity and wellbeing. Nutritional anaemia in this group attributes to high maternal mortality rate, high incidence of low-birth weight babies, high prenatal mortality, fetal wastage and consequent high infertility rates. This phase of life is also important due to the ever-increasing evidence that control of anaemia in pregnant women may be more easily achieved if satisfactory iron status can be ensured during adolescence.(Gupta,2012)

Diet and health are synonymous with the well-being of an individual. In absence of proper and adequate nutrition, a person can develop several developmental malformations. Adolescence is a significant period of human growth and maturation. Adolescence is the most vulnerable stage from the point of view of health .In a



country like India adolescent girls face serious health problems due to socio-economic, environmental conditions, nutrition and gender discrimination. A vast majority of girls in India are suffering from either general or specific morbidities. Under nutrition among adolescent girls can severely limit their growth spurts. Anaemia is a very serious problem among adolescent girls in India. Under-nutrition among adolescent girls can cause serious problem of anaemia. Many Indian studies have pointed out that iron requirements increase during adolescence, especially in developing countries because of infections, disease and parasitic infestations that cause iron loss, and because of low bio-availability of iron from diets. Girls in low income communities have typically been reported to have Hb(Haemoglobin) levels less than 10g/L and low iron status negatively affects their body function. One of the most important factors which affect the health of adolescent is the

environmental condition. Recurrence of disease due to poor environmental conditions especially in rural and tribal communities affects the various indicators of growth and development in adolescents. Many of these problems creep in due to lack of awareness among adolescents regarding the diseases and their prevention. (Dhingra, 2011)

Obesity among adolescents is a major public health problem in developed countries and in some parts of developing countries too. It is a growing nutritional concern country like India, which are witnessing nutritional transition. It is being realized that with growing popularity of fast food, the transition is greatly affecting food basket of the people. In addition, decreasing physical activity leading to sedentary life style is likely to promote obesity and other related health problems. Similar to adult obesity, childhood adult obesity. Obesity in adolescence is not only associated with hypertension and abnormal lipid profile but also



shows clustering of risk factor for cardiovascular disease. Increasing body fatness is positively associated with blood pressure and other cardiovascular disease in children and adolescents. (Rao et.al 2014)

Nutritional status, health status and occupational stress are distinct but interrelated factors any variation in one factor will affect other two factors. If there is increase in occupational stress it affects nutritional status and in turn create health problem. On the other hand, change in health status predisposes the occupational stress and initiates nutritional problem. (Tiwari, 2013).

Women are responsible for generating food security for their family members in developing countries. Women in India, have generally a 'lower status' than men in the society. Women lower status, challenges the decision making autonomy on the desired family size, health seeking behavior and the amounts and type of food fed to themselves and children. The Indian constitution

grants women equal rights with men and makes special provisions for women to help them improve their status in society, but strong patriarchal tradition still persists in the Indian society which confined women with an oppressive environment. It is hypothesized that the well being of women in all aspects of their life is strongly connected to their economic status. Women who work at a regular job, who earn money are more likely to be empowered than the economically dependent women. They will have a greater degree of power and economic privilege. Most likely to be affected by employment is her health, in particular her nutrition and fertility. National Population Policy of India explicitly recognizes the importance of women's paid employment in achieving the goal of population stabilization and also specifies measures that will encourage paid employment and self-employment of women. Various measures have been taken by government to improve the women's health and nutrition



status. These measures include welfare and support services, training for employment and income generation, awareness generation and gender sensitization. (Agrawal,2013).

Thus global public health problem affects both developing and developed countries with major consequences for human health as well as social and economic development. Though it occurs at all stages of life cycle, it is found to be more prevalent in women of all ages. Malnutrition is a major public health problem in developing world. Poor health of the Indian women is of a great concern both at the national as well as at the individual level. In recent years there has been a remarkable upsurge of interest in the health, nutrition and fertility behavior of women in India. Post independence, there have been some impressive gains with respect to women's health. (Rajurkar, 2012)

Women throughout the world play critical role in economic growth and development and their

contribution have an impact on households, communities and national economies. Women contribute to the family economy, by participating in the labor force, thereby earning an income and contributing to the family and also by undertaking the primary responsibility for household maintenance, childcare and there by sustain the family. Socio-economic and nutritional status of women is directly connected with their economic position, which in turn depends on opportunities for participation in economic activities. The economic conditions of women have profound effect not only on women's own but also on that of their children and families and on subsequent generations. It is well recognized now that women make most healthcare decision at the family level and provide most of the informal health care .They look after the sick and the elderly, determine diet, maintain the immediate environment of the family and transmit attitudes and life styles. It is generally women's rather than men's education,



income and time that determine the health and nutritional status of children. Women in developing countries are often in poor health and are overburdened with work, they are tired, most are anemic and many suffer from malnutrition and parasitism and chronic ill health especially , during pregnancy and childbirth. Women's special needs have often been ignored by health planners and women have thus had to bear a disproportionate share of unmet health needs. (Hassan, 2014).

India has been going through a period of urbanization, industrialization and westernization for several decades. The Indian population is also passing through a transition phase where subsistence conditions are being replaced by plentiful food but reduced physical work and therefore, an understanding of the changing nutritional scene is critical. Although India has made considerable progress in the economic sphere, it is one of the few countries where men significantly outnumber women

play a central role in child care and food processing even when their economic roles require extensive time and physical energy. Poor health has repercussions not only for women but also their families. Thus, women work twice as much as men equally at home as well as the workplace. However, it has been argued that while the women's additional work is helpful to increase the household income, it may not always lead to an improved diet due to change in priorities (Puttaraj, 2007).

SUMMARY AND CONCLUSION

There is a great need of intervention for nutritional counselling at such workplace. As people work for irregular hours, their regular eating habits are different to maintain. Many of them consume fast foods therefore they did not meet the recommended dietary intake for major nutrients. Adolescence is a significant period of human growth and maturation. Adolescence is the most vulnerable stage from the point of view of health. In a country like India, adolescence



girls and women's face serious health problems due to socio-economic, environmental condition nutrition and gender discrimination. A vast majority of women and girls in India are suffering from either general or specific morbidity several clinical assessments were conducted to look for the symptoms of various ailments (anaemia, malnutrition, hypertension, respiratory rate and other pathological sign). It can be concluded that there is great need of intervention for nutritional counselling. The physical impact on any heavy workload assigned to women, is compounded by gender differences in access to nutrition. While both sexes may be disadvantaged by poor nutrition, women are especially more vulnerable largely because of their special needs associated with the biological processes of reproduction, which require better nutritional status of women. In spite of this fact, the health of women remains a challenge as the majority of women go through life in a state of nutritional stress, as

they are malnourished. Women are the core of human dynamics only healthy females can make socioeconomic upliftment of the country.

REFERENCES

- Amirul Hassan and Vandana Shukla (2013) "Nutritional status of women living in slums of Allahabad, Uttar Pradesh, India, *International Journal of food and Nutritional Sciences*. 84-88
- Anju T.Bisht, Vallari T. Kukreti (2013) "Impact of Nutritional status on stress level in women of Uttara khand, Northern India age and marital status as predictors " *Scholars Journal of Applied Medical Sciences (SJAMS)* 544-547.
- G.Rao Sowmya, Shashikala Puttaraj.(2017). "Nutrient Intake and Energy Balance of Adult Women" *Stud. Home Comm. Sci., 1(1): 31-37*
- Meenakshi Mathur, Monika Harsh and Sumita Mathur (2015). "Diet Pattern and Nutritional Status of Women Working in Call Centres of



- India.” *International Journal of Food Engineering* Vol.1, 127-133
- Meenaxi Tiwari and Sudha Babel (2013) “Study of health and nutritional status of the workers working in knitting industry located at Kanpur,India”. *Journal of Applied and Natural Sciences* 5 (2):416-419
 - Monika Agarwal Chhavi Pant V.Singh (2015) “A Comparative Study of Nutritional Status of Economically Independent and Economically Dependent Urban Women in Lucknow City” *International journal of Science and Research (IJSR) ISSN (Online) 2319-7064, 20-26.*
 - Moutithi Aich, Musammat Mahazeb, Neera Fahria Subarna And Abir Hassan (2014) “A Study on Socio-Economic Condition and Nutritional Profile of Women Workers in Shrimp and Agriculture Sectors in Selected two Districts of Bangladesh”. *International Reserch Journal of Social Sciences* ISSN 2319-3565 Vol.3(3)15-21
 - N. S. Rajurkar, F. Patil and H. Zatakiya (2012) “Assessment of iron and haemoglobin status in working women of various age groups “*Journal of Chemical and Pharmaceutical Research, 2012, 4(4); 2300-2305*
 - Rajni Dhingra (2011) “An assessment of health status of adolescent gujjar tribal girls of jammu District. *Stud Tribals, 9(2): 133-138*
 - Suchitra Sen, Renu Verma (2016) “ Assessment of Nutritional Status of Urban Women of Maharashtra, India” *IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN; 2320-1959, p-ISSN; 2320-1940 Volume-5, Issue 1 Ver. III 1-7*
 - Tarvinderjeet Kaur, Sonali Goel and Madhu Gupta “Burden of Anaemia Among School Going Rural Adolescent Girls in District Kurukshetra *Ind. J. Nutr. Dietet., 2013. 50, 77*