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## HEALTH CHALLENGES AMONG WORKING WOMEN: A SOCIOLOGICAL STUDY

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### ABSTRACT :

*Working women face a multidimensional set of health challenges influenced by occupational stress, work–family conflict, role overload, and lifestyle factors. This study investigates the health outcomes of urban working women in India prior to 2020, using a mixed-methods approach that combines structured surveys with semi-structured interviews. The study identifies moderate to high levels of occupational stress, prevalent physical and psychological health complaints, and significant work-to-family conflict, particularly among mid-career women aged 31–50. Qualitative insights reveal role strain, inadequate organizational support, and coping strategies. Findings indicate that health outcomes are structurally and socially mediated, not solely dependent on individual behaviour. Recommendations include flexible work arrangements, wellness programs, childcare support, and societal awareness of shared domestic responsibilities. The study contributes to understanding pre-COVID-19 health challenges among urban working women, providing a foundation for policy interventions and future research.*



**Keywords :** *Working women, occupational stress, work–family conflict, health challenges, role overload, urban India.*

### 1. INTRODUCTION

The participation of women in the formal workforce has increased significantly in urban India over the past decades, yet health challenges among working women remain inadequately studied. Urban women frequently navigate the dual demands of professional obligations and domestic responsibilities, leading to physical, psychological, and social health issues (Verma & Singh, 2017).

Health challenges among working women are shaped by sociological, organizational, and lifestyle factors. Occupational stress, prolonged working hours, and limited organizational support exacerbate fatigue, musculoskeletal discomfort, sleep disturbances, and mental health problems (Gupta & Kumar, 2016; WHO, 2019). Role overload and work–family conflict intensify stress, particularly among married women with children, reflecting the persistent influence of gendered expectations in Indian society (Goode, 1960; Allen et al., 2012).

This study aims to examine the health outcomes, occupational stress, and work–family conflict among urban working women in India, using pre-2020 data. By integrating quantitative surveys and qualitative interviews, the study provides a holistic sociological understanding of the determinants of women’s health, offering insights for workplace policy and societal reform.

## 2. LITERATURE REVIEW

Extensive research indicates that working women face multidimensional health challenges. Studies from India and globally highlight the impact of occupational stress, role overload, and work-family conflict on women's physical and mental well-being (Hobfoll, 2013; Smith, 2018).

- Occupational Stress: Moderate to high stress levels are reported among mid-career women, with consequences including fatigue, sleep disturbances, anxiety, and depression (Rao & Shukla, 2018).
- Work-Family Conflict: Work-to-family conflict is consistently higher than family-to-work conflict, reflecting societal expectations that women balance professional and domestic roles (Allen et al., 2012).
- Role Overload: Women experience dual burdens as primary earners and caregivers, leading to chronic stress and health deterioration (Coser, 1974; Goode, 1960).
- Sector-Specific Variations: Health challenges differ across sectors; IT/Corporate and healthcare sectors report high stress and musculoskeletal issues, while education and banking sectors report moderate stress with fatigue (Chakraborty, 2018).

Despite these findings, pre-2020 empirical data on urban Indian working women's health remain limited, particularly integrating both quantitative and qualitative insights. This study addresses this gap by triangulating survey and interview data to assess health outcomes, occupational stress, and work-family conflict.

## 3. METHODOLOGY

### 3.1 Research Design

A cross-sectional, mixed-methods design was employed to capture both measurable health outcomes and personal experiences. Quantitative surveys assessed stress, health complaints, and work-family conflict, while qualitative interviews explored role strain, coping strategies, and organizational support (Creswell, 2014).

### 3.2 Study Setting and Period

The study was conducted in urban centers of Agra region across education, healthcare, IT, banking, and manufacturing sectors using pre-2020 data (2018–2019).

### 3.3 Sample

- Population: Working women aged 20–50
- Sample size: 500 (quantitative), 50 (qualitative interviews)
- Stratification: Age, marital status, sector, number of children

### 3.4 Data Collection Instruments

- Structured Questionnaire: Assessed demographics, occupational stress (Perceived Stress Scale), health complaints, and work-family conflict (Netemeyer et al., 1996).
- Semi-Structured Interviews: Explored experiences of role strain, coping strategies, and workplace support.

### 3.5 Data Analysis

- Quantitative: SPSS 24, descriptive statistics, ANOVA, correlation, regression.
- Qualitative: Thematic analysis (Braun & Clarke, 2006).

### 3.6 Ethical Considerations

- Written informed consent, confidentiality, voluntary participation, and secure data storage were ensured.

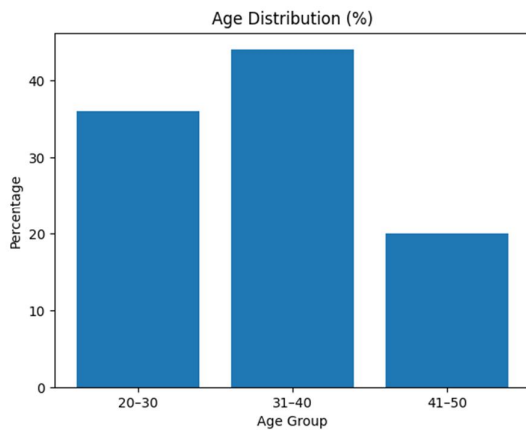
## 4. RESULTS

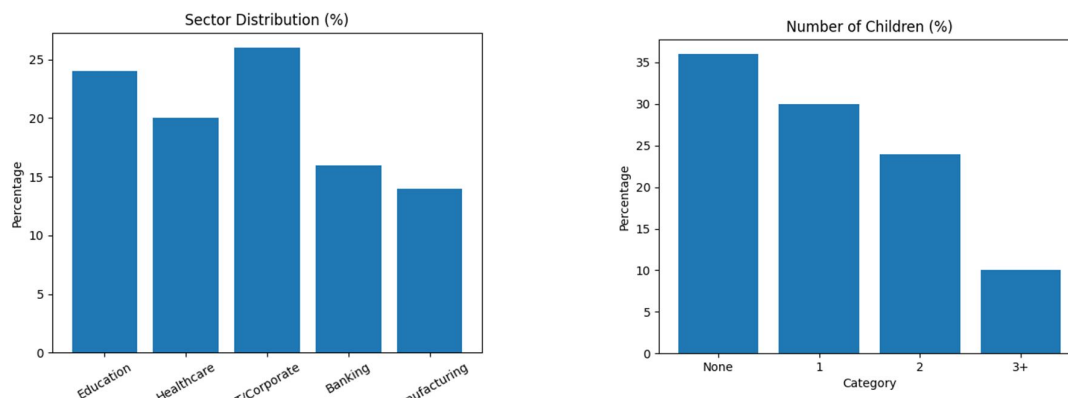
### 4.1 Demographic Profile

**Table 1: Demographics of Respondents (N=500)**

Variable	Category	Frequency	%
Age	20-30	180	36
	31-40	220	44
	41-50	100	20
Marital Status	Married	300	60
	Unmarried	180	36
	Divorced/Separated	20	4
Sector	Education	120	24
	Healthcare	100	20
	IT/Corporate	130	26
	Banking	80	16
	Manufacturing	70	14
Children	None	180	36
	1	150	30
	2	120	24
	3+	50	10

**Age and Sector Distribution (Bar Chart)**





**Interpretation:** Majority were 31–40 years old and married, with sector-specific representation reflecting urban employment patterns.

## 4.2 Occupational Stress

**Table 2: Stress Levels**

Age	Low	Moderate	High
20–30	50	110	20
31–40	40	140	40
41–50	15	65	20

**Interpretation:** Moderate stress (63%) predominates, with high stress in mid- and late-career women.

## 4.3 Health Complaints

**Table 3: Prevalence of Health Issues**

Health Issue	%
Fatigue	62
Anxiety/Stress	56
Sleep disturbance	50
Back/Neck pain	44
Musculoskeletal	38
Headaches	36
Depression	30
Digestive issues	24

## 4.4 Work–Family Conflict

**Table 4: WFC and FWC by Sector**

Sector	WFC	FWC
Education	3.8	2.9
Healthcare	4.1	3.2
IT/Corporate	3.9	3.0
Banking	3.7	2.8
Manufacturing	3.5	2.7

#### 4.5 Qualitative Themes

1. Role Strain: "By the time I rest, it's almost midnight..."
2. Organizational Constraints: "Flexible hours are inconsistent..."
3. Coping Strategies: Yoga, meditation, and time management help but are limited.

#### 5. DISCUSSION

- Mid-career, married women face peak stress and role overload, consistent with Goode (1960) and Coser (1974).
- WFC predominates over FWC, particularly in IT/Corporate and healthcare sectors, reflecting societal gender expectations.
- Occupational stress strongly predicts physical and psychological health complaints, highlighting structural determinants rather than individual behaviours.
- Sector-specific differences suggest targeted workplace interventions are necessary.
- Coping strategies, though useful, are insufficient to counteract structural pressures.

#### 6. CONCLUSION AND RECOMMENDATIONS

##### 6.1 Conclusion

- Urban working women face moderate to high occupational stress, prevalent physical and mental health complaints, and significant work-to-family conflict.
- Role overload, inadequate workplace support, and sociocultural expectations exacerbate health risks.
- Health outcomes are structurally mediated and sector-specific, requiring comprehensive interventions.

##### 6.2 Recommendations

**Organizational:** Flexible work, wellness programs, childcare support, psychological safety, workload management.

**Policy:** Gender-sensitive labor laws, healthcare access, awareness campaigns, longitudinal monitoring.

**Societal:** Egalitarian domestic roles, support networks, education, and advocacy for health awareness.

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