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Influence of Women's Status in Their Family on Their Health and Nutritional Status- Considering Employment as a Rider

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ABSTRACT

Background: Indian societies are principally male dominated, who have greater control over family decisions, and this causes subordination of women and their roles and status in the family and society. This restrains women in decision making in every sphere of life including those related to their health and mental well-being.
Objective: This study aims to explore association between women's status in the family and its influence on their overall health and nutrition.
Methodology: Educated women, 400 employed (EW) and 272 unemployed women (UEW); aged 25 to 40 years participated. Self-reporting standardized questionnaires were used to elicit information regarding their Degree of involvement in decision making and preference given in family to evaluate their status. Information on General health distress (GHD), Menstrual and Mental health, General health quality (GHQ) were also obtained. Height and weight were measured.
Results: Significantly higher percentage (33%) of EW were involved in complete decision making (P<0.0001) and enjoyed good family status (P=0.036). Majority of women irrespective of employment and family status experienced mild GHD. EW with poor family status experienced significantly higher GHD (P=0.021). Severity of Pre-menstrual symptoms (PMS) significantly increased with decrease in family status (EW and UEW, p=0.0148 and p=0.0050).
Family status also influenced mental health, significant differences were noted among EW (Depression-P=0.0007, Anxiety-P=0.0408, Stress-P<0.0001) and UEW (Depression-P<0.0001, Anxiety P=0.0018, Stress P=0.0308).Among EW family status exhibited significant association with GHQ, GHD, depression, Anxiety and stress. However among UEW significant association of family status with GHD, PMS, depression, Anxiety, and Stress was evident.
Conclusion: It is obvious that employment acts as a catalyst in enhancing women's status in the family, it can be considered as a prime factor determining their health status; overall wellbeing, unemployment and poor status in the family may have serious effect on the general and mental health of women.

Keywords: Women' status, Family status Employment, Decision making, General health distress, Mental health.

INTRODUCTION

Women's status in family and society has undergone several revolutionary adaptations, yet in the present day - it depends on the position they hold within the society and family. Goldin.C, 2006, [(1)] opines that development in women's status envelops 3 major areas i.e. analyzing the horizons, understanding their identity and involvement in decision making. Involvement of woman in family's decision making is enabled through her education, employment, income, resourcefulness, ownership, and ideological structures. [(2,3)]

Hence active participation at all levels of decision making within the family has been considered to improve and promote equality, peace and well-being of the family and ultimately the country. [(4,5)] Status of women in the family has been considered important from various perspectives; studies have often correlated family status of women to their physical and

mental wellbeing. [6] Ultimately the developments of women to their full potentials including economic activities are interconnected.

Employment per se is known to offer opportunities for overall growth. Occupation and employment defines one's fundamental identity and societal worth by influencing women in particular to revolutionize their status from being static decision makers with limited prospects to effective and dynamic decision makers. [1] Involvement in decision making per se can be considered as a driving force to empower women to become more productive, efficient and gainful in the bargain to establish a strong, healthy and versatile family. [7] It was therefore considered worthwhile to assess "family status of women" in the contemporary society and its associated influence on women's overall health and wellbeing. Hence this study examines probable influence of family status of women on their health status.

OBJECTIVE

To study and compare the influence of women's status in their family on the health and nutritional status of educated married women- Employed and Unemployed.

METHODOLOGY

Study population: The proposed study is a population based cross-sectional study carried out in Mysore city. The study population comprised of married educated young adult women (25-40yrs) who were economically active as well as homemakers (formed control group) residing within the urban region of Mysore city; a major city from Karnataka in South India. The proposed study was approved by the Institutional Human Ethical Committee - University of Mysore. Written consent was obtained from the participants.

Study design: The study combines both qualitative and quantitative data-collection methods.

List of tools used to elicit information

Standardized self-reporting questionnaires were used to obtain the following data from the participants.

1. Socio-demographic questionnaire- Information related to the respondent and her family with respect to age, sex, professional activity, and number of children, residence and other relevant details were obtained through a pre-tested questionnaire.

2. Family status of women. This is a derived factor, it was done based on two components, and they are:

a. Involvement of women in family decision making and
b. Freedom to exercise Preference in family matters.

The questionnaire used for this comprised of two Sections

a. **Involvement of women in family decision making:** this was developed based on questionnaires of Dangol.R (2010) [8] and Sultana A.M (2011). [9] It included 13 close-ended questions relating to Involvement of women in family decision making covering three domains (Income utilization; Freedom of mobility; and Freedom for socializing).

b. **Freedom to exercise Preference in family matters**: Questionnaire developed by Clem T,(2001) [10] was adopted with slight modification. Respondent were to rank listed activities 1to4 depending on the preference accorded to her by the family to

The activities were categorized under Food distribution, Medical care, and Satisfying her needs.

Family status: Family status was derived based on the total sum of score for the two adopted criteria's; the final total sum of scores so obtained was 16 – 77. Scores between 16-36 indicative of 'good status'; 37-57- 'fair status' and >58 'poor status'.

3**. Questionnaire for assessing overall health and Nutritional Status-** health assessment was conducted using self-reporting questionnaires. It included three components; General Health problems encountered by the participants was obtained for the presence of morbid

disorders, pain related symptoms and reproductive health issues; presence of pre-menstrual symptoms and menstrual disorders. This questionnaire was developed for the purpose. Quality of health was assessed using GHQ-28 developed by David Goldberg, (1978); [(11)] while Stress, anxiety and depression was assessed using DASS questionnaire developed by Lovibond & Lovibond, (1995). [(12)]

Anthropometric measurements: Height, Weight, Mid upper arm circumference, Waist circumference, Hip circumference, Skin fold thickness- Biceps, Triceps, calf were measures from individual participants according to methods described by Jellife D.B, (1966). [(13)]

RESEARCH RESULTS

- **Socio-demographic and familial characteristics of the subjects**

Socio-demographic and familial characteristics of 672 educated married women (400 EW and 272 UEW) is presented in table 1. Higher percentages of women in both the groups were aged between 25-34 years. Majority of women belonged to Hindu religion, 60 percent of employed women and 63% of unemployed women were graduates. The current trend of living in nuclear family is reflected in the study population with 71% EW and 73% UEW having nuclear families.

Table 1: Socio-demographic characteristics of the subjects

Variables	Characteristics	Employed women (n=400)	Unemployed women (n=272)
n (%)			
Age (in years)	25 – 29	148 (37.0)	147 (54.0)
	30 – 34	140 (35.0)	73 (27.0)
	> 35	112 (28.0)	52 (19.0)
Religion	Hindu	225 (56.0)	142 (52.0)
	Muslim	111 (28.0)	91 (34.0)
	Christian	64 (16.0)	39 (14.0)
Education	Diploma/PUC	74 (19.0)	67 (25.0)
	Graduates	241 (60.0)	172 (63.0)
	Higher education	72 (18.0)	27 (10.0)
	Professional	13 (3.0)	6 (2.0)
Household structure	Nuclear	286 (71.0)	198 (73.0)
	Joint	110 (28.0)	63 (23.0)
	Extended	4 (1.0)	11 (4.0)

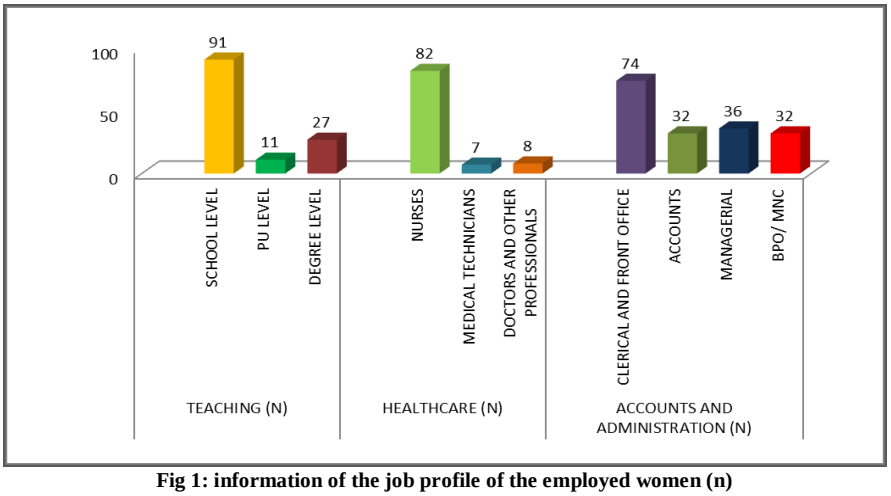

Fig 1: information of the job profile of the employed women (n)

Job profile of the participants is depicted in fig 1, 32% were teachers, 24% were employed in health care sector and 44% held administrative jobs. It also provides details about the breakups in job position under each of the occupation groups.

- **Status of women in the family and related factors**

Table 2: Level of involvement in decision making-comparison between employed and unemployed women

Involvement in decision making	Employed women (n=400)	Unemployed women (n=272)	Chi value / p value / Degrees of freedom
	n (%)		
Complete Decision makers (CDM)	130 (33.0)	45 (17.0)	24.48
Partial decision makers (PDM)	262 (65.0)	213 (78.0)	p<0.0001
Limited decision makers (LDM)	8 (2.0)	14 (5.0)	2

Table 3: Freedom to exercise preference in family matters accorded to women-comparison between employed and unemployed

DOMAINS	PREFERENCE IN THE FAMILY – RANKING. n (%)								Chi value / p value
	EMPLOYED WOMEN n =396				UNEMPLOYED WOMEN n=272				
	1	2	3	4	1	2	3	4	
Food distribution	64(16.0)	98(25.0)	231(58.0)	3(1.0)	50(18.0)	81(30.0)	133(49.0)	8(3.0)	9.29* p=0.025
Medical care	48(12.0)	90(23.0)	255(64.0)	3(1.0)	38(14.0)	75(28.0)	148(54.0)	11(4.0)	12.9** p=0.0048
Need fulfillment	23(6.0)	86(22.0)	281(71.0)	6(1.0)	19(7.0)	64(24.0)	177(65.0)	12(4.0)	6.42 NS

Family status of women is a vital indicator of women's development in any society, [5,9] various indicators are considered for its measure, however in the present study 'involvement in decision making' and 'freedom to exercise preferences' in family matters were used. Comparison about the degree of involvement in decision making between EW and UEW is presented in table 2, it is obvious that majority of women irrespective of their employment status were involved in partial decision making. Nevertheless significantly higher proportion of EW were involved in complete decision making (P<0.0001). It is obvious therefore that employment influenced women prominently in decision making.

Among the other auxiliary activities of women that were used as a parameter for assessing women's status in the family was the freedom to exercise 'preference' in family matters. The order (as ranking) in which the women participants were granted freedom of preference in 3 major domains is presented in table 3. First preference given to employed and unemployed women in all 3 domains were essentially similar with percentages ranging from 6-18, indicating no significant differences between employed and unemployed women for preferences. Majority of women were given second and third preference in all the selected domains.

Table 4: Family status of women: Comparison between employed and unemployed

FAMILY STATUS	EMPLOYED WOMEN (n=400)	UNEMPLOYED WOMEN (n=272)	Chi value/ p value
	n (%)		
Good	116 (29.0)	56 (21.0)	
Fair	278 (69.0)	209 (77.0)	6.6
Poor	6 (2.0)	7 (2.0)	p=0.036

Table 5: Comparison of family status with level of involvement in decision making of the subjects no. (%)

FAMILY STATUS	INVOLVEMENT IN DECISION MAKING						
	EMPLOYED WOMEN (n=400)			UNEMPOYED WOMEN (n=272)			
	Complete n=130	Partial n=262	Limited n=8	Complete n=45	Partial n=213	Limited n=14	Chi value/ P value/df
Good	100 (77)	16 (6)	0	38 (84)	18 (8)	0	6.9/p=0.0086/df=1
Fair	30 (23)	246 (94)	0	7 (16)	195 (92)	7 (50)	18.3/p=0.0001/df=2
Poor	0	0	8 (100)	0	0	7 (50)	
Chi value/ P value/df	613/p<0.0001/df=4,			265.5/p<0.0001/df=4			

It is apparent from Table 4 that majority of the women held 'fair statuses in their families irrespective of the employment status. Although employment did not seem to have a notable influence, 29 % EW enjoyed a good family status. The difference did have a mild statistical significance (p=0.036), indicating employment to have a redemptive effect.

It was considered imperative to investigate the influence of family status on degree of involvement in decision making. The inter and intra group comparison among the employed and unemployed women is presented in table 5, it can be perused that women with 'good' family status were more empowered and were involved in CDM irrespective of their employment status. A significantly higher percentage of UEW with a good family status were also found to be involved in CDM as compared to their counterparts (p=0.0086).Our finding is on par with other studies that women with fair and poor family status have partial and limited involvement in decision making respectively. Highly significant differences were noted in the intra-group comparison (p<0.0001).

- **Health status of women**

Status of women in their family has a profound effect on their health and well-being. According to the assumptions of the gender model, for women, family situations are relatively predicted to have a stronger impact on their well-being than work conditions. [(14)] Hence influence of family status of women was compared with the degree of general health distress women experienced.

Table 6: Comparison of family status with extent of General health distress experienced by the subjects

FAMILY STATUS	GENERAL HEALTH DISTRESS n (%)					Chi value/ P value/df
	EMPLOYED WOMEN (n=397)		FAMILY STATUS	UNEMPLOYED WOMEN (n=272)		
	Mild	Moderate		Mild	Moderate	
Good n=114	104 (91)	10 (9)	Good n=56	56 (100)	0	3.76,p= 0.052, df=1
Fair n=278	259 (93)	19 (7)	Fair n=209	197 (94)	12 (6)	0.09,p=0.764,df=1
Poor n=5	3 (60)	2 (40)	Poor n=7	6 (86)	1 (14)	0.11,p=0.704,df=1
Chi value/ P value/df	7.71, p=0.021,df=2 ,			4.63 , p=0.0988, df=2,		

Table 7: Influence of family status and employment status on the sufferings due to pre-menstrual symptoms

FAMILY STATUS	PREMENSTRUAL SYMPTOMS n (%)		FAMILY STATUS			Chi value/ P value/df
	EMPLOYED WOMEN (n=394)			UNEMPOYED WOMEN (n=272)		
	Mild	Moderate		Mild	Moderate	
Good n=113	64 (57.0)	47 (42.0)	Good n=56	42 (75.0)	14 (25.0)	5.86 , p=0.051'df=2,
Fair n=276	147 (53.0)	127 (46.0)	Fair n=209	143 (68)	66(32.0)	0.070,p=0.790,df=1
Poor n=5	2 (40.0)	3 (60.0)	Poor n=7	0	7 (100)	1.667, p=0.967,df=1
Chi value/ P value/df	8.43 , p=0.0148,df =2,			10.6, p=0.0050, df=2,		

It is evident from the table 6 that women (EW&UEW) irrespective of their status in their family experienced mild to moderate distresses. Comparison of GHD experienced by EW and UEW showed no significant difference. However, among employed, women with poor family status experienced moderate GHD at a higher percentage than their counterparts. It is worth to note that the inverse relationship between family status and GHD among these women (EW and UEW). However the difference was statistically significant among the employed women (p=0.021).

This could be a cumulative effect of stress (social and biological) at varying levels experienced by the employed women, which have an added influence on their health status. [(15,16)] It can be seen from the table 7 that none of the UE women suffered severely, majority of women in the two groups experienced mild to moderate PMS. The pattern of sufferings women experienced in the two groups with family status fair and poor did not differ significantly.

PMS were found to differ among employed and unemployed women with 'Good' family status. Chi Sq analysis exhibited significant association (p=0.051) between the two groups. Higher percentage of employed women had moderate sufferings as compared to the unemployed women.

The intra group comparison revealed that family status of women exerts significant effect on the degree of PMS experienced. Higher percentages of women (EW and UEW) with poor family status seemed to experience moderate PMS than those with good and fair status. The differences were statistically significant (EW p=0.0148; UEW p=0.0050).

Depression, Anxiety and Stress: With rise in mental illness and its detrimental effect on the overall health and well-being of the women it was crucial to assess family environment of women participants to understand its impact on their well-being. Stress is a mild form of mental state but if persists for long period may lead to severe conditions exhibiting symptoms related to anxiety and depression. Anxiety and depression are the mental states expressing the highest form of stress. Unfulfilled desires, incompetency, restrictions, incomplete and unfinished tasks, activities and responsibilities, lack of recognition and respect are a few major reasons, and especially because of their repetitive nature. **(17,18)**

Hence the influence of family status on the occurrence of depression, anxiety and stress among EW and UEW was analyzed.

Table 8: Influence of family status on occurrence of depression, anxiety and stress among the subjects

DASS	EMPLOYED WOMEN			UNEMPLOYED WOMEN			Chi Value/ p value/df=1
	FAMILY STATUS n (%)						
	GOOD n=94	FAIR n=210	POOR n=5	GOOD n=47	FAIR n=185	POOR n=7	
DEPRESSION							
Normal	40 (43)	51 (24)	0	23 (49)	40 (22)	0	0.5740, p=0.4487
Mild	29 (30)	69 (33)	0	15 (32)	81 (44)	4 (58)	1.733, p=0.1880
Moderate	19 (21)	72 (34)	5 (100)	9 (19)	54 (29)	0	2.091, p=0.148
Severe	6 (6)	18 (9)	0	0	10 (5)	3 (42)	2.337,p=0.126
Chi Value/ p value/df	23.25,p=0.0007 ,df=6			38.08,p<0.0001,df=6			
ANXIETY							
Normal	52 (54)	84 (40)	0	27 (57)	64 (35)	2 (29)	0.7906, p=0.373
Mild	24 (26)	65 (31)	2 (40)	14 (30)	78 (42)	2 (29)	0.1092,p=0.7422
Moderate	15 (16)	53 (25)	2 (40)	6 (13)	36 (19)	1 (13)	0.1234,p=0.7253
Severe	3 (4)	8 (4)	1 (20)	0	7 (4)	2 (29)	0.0000,p=1.0000
Chi Value/ p value/df	13.14, p=0.0408, df=6			21.09, p=0.0018,df=6			
STRESS							
Normal	42 (45)	36 (17)	0	19 (40)	59 (32)	0	13.029,p=0.0003
Mild	22 (23)	74 (35)	1 (20)	17 (36)	63 (34)	3 (42)	0.407,p=0.5234
Moderate	25 (27)	85 (40)	4 (80)	11 (24)	53 (29)	2 (29)	0.032,p=0.858
Severe	5 (5)	15 (8)	0	0	10 (5)	2 (29)	0.816,,p=0.3661
Chi Value/ p value/df	30.5, p<0.0001,df=6			13.89,p=0.0308,df=6			

It is evident from table 8 that the magnitude to which women were inflicted with depression, anxiety and stress among the two groups were essentially similar (ranging from mild to moderate). However, intra group comparison suggests that as the level of family status decreased the degree of depression, anxiety and stress. Stress increased among women in both the groups and the differences were statistically significant (EW depression p=0.0007, anxiety p=0.0408, stress p<0.0001; UEW depression p<0.0001, anxiety p=0.0018, stress=0.0308).

- **Overall health and nutritional status- a cumulative influence of socio demographic and employment confounders**

A perusal of table 9 conveys an important inference about correlation between employment and family status with those of health issues of women. Family status correlated positively with GHD (p < 0.0001) and PMS (p <0.0025) among UEW, while family status correlated with GHQ (p <0.009) for employed women.

Table 9: Correlation of family status with GHD, PMS, GHQ, mental health and BMI of the subjects

Variable	Correlates	EMPLOYED WOMEN		UNEMPLOYED WOMEN	
		r Value	*P Value*	*r Value*	*P Value*
FAMILY STATUS	GHD	0.1026	0.0906	0.3979	< 0.0001
	PMS	0.0289	0.6349	0.2035	0.0025
	GHQ	0.1573	0.0092	0.0777	0.2531
	DEPRESSION	0.2829	< 0.0001	0.1839	0.0065
	ANXIETY	0.1885	0.0018	0.2937	< 0.0001
	STRESS	0.3086	< 0.0001	0.1709	0.0115
	BMI	0.0020	0.9739	0.1362	0.0446

Mental status seemed to be highly sensitive to family status since depression, anxiety and stress correlated significantly to family status. It is obvious therefore women, in general, are sensitive to their status in the family and develop stress due to lack of priority and indifferent attitudes in the family. [19,20] Further, family status was found to be correlated significantly to GHD, PMS and BMI among the unemployed and GHQ among the employed group. It is apparent from our results that employment offers autonomy to women that can neutralize the burden of multitude of responsibilities borne by women. On the other hand unemployment plunks women to dependency that cause physical and mental trauma. It is worthwhile explaining that involvement in decision-making and family status is most important factors influencing women in general. Studies have revealed that lower family status causes burden over women limiting their horizons and act as stressors affecting the physiological and psychological wellbeing of women. [21,22]

CONCLUSION

History bears evidences of women being given low status in the family. She is deprived of leading an authoritative life in all spheres of social life especially in developing countries like India. Certain characteristics of women have helped them make remarkable indentations proving her worth, her hard work, and dedication and sense of sharing responsibilities. She strongly influences the moral, social and creative development of her children. But she gets treatment of a second class citizen; this bears a definite influence on her "self" and emotional health. With the scientific advancements and changing societal concepts the situation has improved but to a limited extent. Therefore family status of women continues to remain a major factor affecting her overall health. The study reveals that Involvement of women in the family decision making and employment compliment in the improved family status of the women. Freedom to exercise preference in family matters is an equally important auxiliary parameter indicating status of women in the family. Women irrespective of their employment status experienced health distresses, menstrual issues and had poor mental health.

Although employment was found to contribute positively by improving the family status of women, it was to a limited extent. Our results have brought forth interesting information that women in general are at the stake of developing stress. However unemployed women seem to have a greater impact on their physical and mental health due to their poor family status and lesser control over family dynamics and decision making. Hence it is important to strengthen women's influence within the household to raise their relative position in our society.

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Conflict Of Interest: None

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