

Role of Working Women in Society



(A Case Study of Apollo Hospitals, Bilaspur, C.G.)

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INTRODUCTION:- Recent years have brought a great change in the life of women all over the world, influencing their attitudes, values, inspirations, ways of feeling, and acting for effective participation in all walks of life. One of the main enduring consequences of the recent social evolution for women has been their emancipation from their tradition bound ethos both legally and politically by the virtue of various acts and statutes now women have expanded the role of a housewife into a dominant, mature feminine role.

1. Role of Working Women In India:- In our country, these social changes have affected the urban educated population in general and the women of middle class in particular. Urbanization, education and employment, which are the contributions of social evolution, have provided them with new avenues to express and assert themselves. The changed social milieu along with the new wave of modernization has altered roles and relationships - sometimes drastically. Now, like their rural sisters, who have since long been working for a living in the fields along with their men, the middle class Indian urban women have come out of the four walls of their homes in search of economic gain as well as fulfillment of their personal hopes and desires. By coming out of their homes in the gainful employment, women have broken the traditional notion that working outside is derogatory to them or that only under gross economic necessity they can work outside homes. Today, by and large, it is admissible even for married women to take up a gainful employment. By doing so, married women have assumed novel responsibilities; responsibilities of an employee. To their old roles of mother and wife, new role has been added, i.e., the modern role of a wage earner. Being subjected to the dual demands of home and work, which are often antagonistic in nature, the working mother is liable to experience role conflict. Bowman deals with the problems of married women work outside the home. Tradition still makes housework less acceptable for a man than wage earning is for a woman. The wage-earning

wife has thus dual responsibilities, which not only overload her but also may be so compatible that they cannot be performed properly. Having less time and more incongruent demands of dual roles, the working woman is experiencing more and more role conflict in the modern situations. Women have become aware of the fact if she wishes to be independent and to contribute to the well being of her family, she has to become a wage earner. By earning a wage she can have a better home, better medical care, more luxurious holidays and the possibility for extending the children's education. By working she can increase not only the family's welfare, but also can attain her personal status and an independent social standing. In urban areas of Bilaspur, the largest portion of women is employed in services-a sector, which requires a higher level of training and education. Women employees form a major part of the employees' population in any hospital or healthcare organization. From the time in memoriam women played a very vital role in-patient care in hospitals.

2. The Importance and need of Study :- The working woman is a comparatively new phenomenon in Indian society. Traditionally, her role was confined to the household work but the pressing economic needs, the education of the woman & the changing concepts of work-values have enabled the woman to seek employment opportunity. This extension of the role of a woman has resulted into many conflicting situations & new demands in the field of marital adjustment, familial life and social participation. The work career not only provides a new social status to the women but it also affects her status in the family & demands new adjustments in her personal & social life. Thus in order to understand the changing status and the role of the woman, her role in work situation is an important area to be explored. Traditionally, woman was the master of the household and she, according to the matriachalists, was the bread-earner & the family head during the earlier phases of social development. The

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role of women sometimes has been dual looking after the family & contributing, where possible, to the earning capacity of the family.

With the increasing industrialization, the change in the role of a woman in the society has seen a sea change. Except the difference in the biological roles, the equality of the sexes has been established. The woman is no more subservient to her master-husband but has an individuality of her own & can play an independent role as a member of society. Rise in women's movements resulted in attack on the privileged position of men, particularly in economic and political roles. Not only this, the increasing nature of demands in families, loss of security provided by the joint or extended family, individualization of earnings, nuclearisation of families and the inability of only one person to earn enough for the whole family has drawn out the woman from the nursery and the kitchen to the world outside home to study work, shoulder to shoulder with men.

3. OBJECTIVES OF THE STUDY:- i. To study the role of working women in family. ii. To study the role of working women in society. iii. To study the role of working women in work place.

4. RESEARCH METHODOLOGY:- The research methodology involves study by Primary & Secondary Sources were collected on 2008-09. I. Primary Data Source: This study is based on primary data through multistage random sampling. At the first stage 50 out of 281 working women have been selected for interview. The interview has been conducted on constructed interview schedule questionnaire. II. Secondary Data Source: Data from Apollo Hospitals, Bilaspur (C.G.), Government Organization, Articles from magazines & Journals the previous research etc. from the sources in this segment. III. Information Discussion: Certain facts and figures, which normally do not become dominant during research work, some information can be gathered by this method.

5. AREA OF STUDY: Bilaspur has been one of the major cities in the erstwhile undivided Madhya Pradesh. Since the formation of new state of Chhattisgarh in the year 2000, Bilaspur has become one of the most prominent cities. With important landmarks like High Court, etc the city has attracted investments in all areas of business, the prominent among them being the healthcare organizations. With the recent introduction of Chhattisgarh Institute of Medical Science-Bilaspur, the new medical college, the hospital has also been renovated. With an area of 7,214.90 sq. km and population of 13,40,580 (Rural) and 3,54,303

(Urban) Bilaspur has a male literacy rate of 62.43% and 27.99% of female literacy 281 women employees are working at Apollo Hospital; Bilaspur 50 working women have been selected for interview. 50.9% of the sample size of working women belongs to age range of 25.01-30 years. Which clearly highlights that a good majority of the young, educated women of the state are entering into professional streams?

6. PROFILE OF ORGANIZATION :- Bilaspur is the third-largest city in Chhattisgarh state, India, with a population of 265,178 (2001 census). The High Court of Chhattisgarh sits here. It is the headquarters of Bilaspur district. It is located 111 km north of the state capital Raipur. Bilaspur district is not only famous in Chhattisgarh but in India due to its unique characteristics like rice quality, Kosa industry and its cultural background. Bilaspur district has a major contribution in the naming "Dhan Ka Katora" for the entire Chhattisgarh region. It is also an important railway junction with the "Rajdhani express" starting & terminating here. The Bilaspur city is approximately 400 years old and the name "Bilaspur" has been originated from the Fisher-woman named "Bilasa". Over the years Bilaspur has developed a lot, despite several natural calamities. Bilaspur district is located in eastern part of Chhattisgarh and fall within latitude 21'47" to 23'8" and longitude 81'14" to 83'15". Bilaspur district is surrounded by Koriya district in north, Shahdol district of Madhya Pradesh in South, Raipur district in East and Korba, Janjgir -Champa district in West. The total area of Bilaspur is approximately 6,377 Sq.Km, after the bifurcation of old Bilaspur district in three districts (New Bilaspur, Korba and Janjgir-Champa District).

6.1 HEALTHCARE IN INDIA :- Healthcare in India is one of the most moving and rapidly changing fields of human activity. Remarkable transitions are being witnessed, every passing day this field. The Health Industry has seen tremendous changes in the last 20 years. Healthcare today is not limited to the care of illness, but much beyond that. Preventive and Promotive Healthcare, integrated healthcare delivery and the advent of technology enabled healthcare services have all changed the traditional scenario of the "Hospital based Industry" In this context Apollo Group has always believed in bringing healthcare of international standards to its patients. Now people have the opportunity in India, to access the best healthcare, which is offered worldwide. Apollo's state of the art equipments backed by the world's best professionals equal those medical facilities available globally. To that extent Apollo's mission has been consummate. Apollo

Hospitals, is called a pioneer and leader in revolutionizing healthcare in India by constantly measuring our deliverable healthcare. Apollo Hospitals, Bilaspur, has succeeded in creating the infrastructure that weets the needs of the future and incorporates the latest technology and provides superior healthcare in state of Chhattisgrah .Its mission is also to the realm of curative care; with a new focus on preventive care.

6.2 HEALTH CARE IN BILASPUR, CHATTISGARH :- Healthcare in Bilaspur is on the rise. Previous to the formation of Chattisgarh in the Year 2000' Bilaspur was a part of Madhya Pradesh. Though not a metropolitan city, it is fast growing up. Now with the formation of Chattisgarh, and the location of High Court, NTPC, SECL and growing trade practices,

6.3 ORIGIN OF THE APOLLO HOSPITALS :- The visionary of this group Padmabhusan, Dr.Pratap.C.Reddv, Chairman Apollo Group laid down foundation, of Apollo Hospitals group in year 1983 at Chennai, with a vision of providing the superlative healthcare possible to the nation. Since then Apollo's step forward in the field of medical science has resulted in development of many medical facilities, which has resulted into reach of modern treatment to every individual. With the ever emerging call for of medical facilities in state of Chattisgarh, SECL as a collective responsibility give notion to there new venture, that is "Transformation from coal to healthcare" which resulted in birth of this Multi-speciality Tertiary care unit. Apollo Hospitals, Bilaspur is catering the requirements of Chattisgarh, MP, Maharastra, Orissa & many other states. Its operation expands from 17acers of land, with 275-bedded hospital & having all the ultra modern facilities and state of art equipments. These gadgets are totally supported by panel of super specialist doctors, paramedical staff & other support services. It's only of its kind having 24 hrs of emergency, diagnostics & Pharmacy in our state. Every faculty of medical science is being studied and governed roof in this place. From surgical to therapeutical part of medical care patients are made to understand the healthcare aspect of one's life. Departments of medicines from cardiology to cardio thoracic surgeries, Orthopedic, Neurology, Paeadtrics, Gyanaecology, Respiratory, Oncology, Gastroenterology, Endocrinology, ENT & Ophthalmology are been expertise. As an infrastructure support Apollo Hospitals. Bilaspur has all the ultramodern ICU's been loaded with all kind of Ventilators, defibrillators and other life support gadgets.

7. EMPIRICAL FINDINGS:- In this part we

present the collected data concerning the personal information of sampled working woman in Apollo Hospitals, Bilaspur (C.G.) a sample of 50 working women as selected from and important observation highlighted in following remarks.

I. 52 % of the sample size of working women belongs to age range of 25-30 years. II. 64 % of the working women are diploma it clearly shows that professional qualified women tend to take up employment than plain degree holders. III. 52 % of women working in private managed hospitals earned less than Rs. 5000 as salary IV. Marital status of the working women observed was found to be 74 % . V. 34 % of the working women cited that they had taken employment to enhance their family income. While 30 % of working women stated that it is economic necessity. VI. 68 % of the working women are cited the opinion that they do not consider employment as an interim below education and marriage. VII. 46% of the working staff surprisingly do not want to pursue employment after marriage. VIII. 46 % of the respondents of the working women have expressed that they being in employment/ services does not create disharmony at home. While 34% feel so some times. IX. 24 % of the respondents feel that sometimes they are overburdened with work at home. While 50 % feels so some times. X. 44 % of the respondents of the working women feel that it is prestigious to work in hospitals than anywhere else. While 36 % response is, do not know. XI. 62 % of respondents (working women) have cited that the family elders look after the family. XII. 42 % of the working women have said that their household chores are not hampered because of their employment. Whereas 22 % fees so some times. XIII. 64 % of the respondents in working women said that they can manage domestic and employment work. XIV. 46% of the working women have cited that they get cooperation from the family in maintaining balance between domestic work and employment but 40% of working women feel so some times. XV. 52 % of working women respondents have cited that they are expected to perform household chores when they return from work. But 30 % of working women feel so some times. XVI. 48% of working women respondents have cited that because of their employment sometimes they have been neglecting their family & social commitments; whereas 26 % of working women stated that they feel that they are neglecting their family & social commitment because of their employment. XVII. 40 % of working women respondents has cited that employment: has made improvement in status of their family. Whereas, 38 % of work-

ing women stated that there is no change the job has made for family. XVIII. 58% of working women respondents feels that they are unable to fulfill traditional responsibilities of their husbands. Whereas 42% feel they are able. XIX. 42 % of working women respondents cited that they have some control over their family whereas, 42 % of working women cited that they have completely control their family. XX. 34 % of working women respondents has cited that because of their pre-occupation in their work they are able to extend only enough / average love & affection to their children whereas 46 of working women feel that they provide insufficient love and affection to their children. XXI. 48 % of working women respondents has cited that because of their pre-occupation in their work they have caused hurdle in development o-their child while 52% working women response no. XXII. 28 % of working women respondents have cited that due to their pre occupation in work their children attention towards study has declined but 48 % of working women stated that children feel the separation at times. XXIII. 76% of working women respondents the they are able to balance well their both roles (as working person & that of family person)

XXIV. 46 % of working women respondents replied that in the conflict of roles which occurs in their day to day life they give more prominence towards their family roles whereas 55 % of working women give more prominence to their working role. XXV. 34 % of working women respondents cited that their neighbors & friends exhibit indifferent attitude on their having taken employment in healthcare organization, while on other hand they responded (30%) that their relatives felt proud on their taking employment. XXVI. 36% of working women respondents cited that they feel guilty for not sparing themselves for attending social functions while 56% of working women replied that they miss being involved in social function as much as they did before taking employment. 8 % of working women feel so sometimes. XXVII. 70 % of working women respondents stated that they socialize with their colleagues at work during leisure time

and 56 % of them cited that they maintain relationship with their colleagues even outside the workplace. XXVIII. 68 % of working women respondents stated that the Indian families in right perspective are in favour of allowing females to work. XXIX. 30% of working women respondents has cited that they find the amenities provided by hospital as satisfactory. While 26 % of working women are partially satisfied with amenities provided to them in this hospital. XXX. 52% of working women respondents cited that they are not satisfied with salary given by hospital while 20 % of working women cited of partial satisfied. XXXI. 50% of working women respondents cited that their job timings sometimes conflict with their household works while 22 % of respondents feel so all times. XXXII. 34% of working women respondents cited that the criteria to change their jobs would be for more economic benefits. XXXIII. 58% of working women respondents cited that they do get benefits as laid down by the rules of the government while 42% of respondents replied do not know. XXXIV. 72% of working women respondents cited that their Sr. Officers do not take interest in their grievances. XXXV. 60% of working women cited that they express their grievances to their colleagues. XXXVI. 62% of working women respondents cited that they are motivated by non-financial incentives (appreciation recognition certificate for good work).

8. CONCLUSION: From the above interpretation analysis, it can be concluded that -I. The working women exhibit harmony and amicable human relation and show consistent personal and professional life. II. Due to employment the status of working women has improved. III. The economic status of working women has become well. IV. The working women are in a better position to understand their right and take their own decision. V. The working women sufficient less time to attend to their children. VI. The working women work in the stressful atmosphere at employment and at home. They are also overburdened to do the household chores when they return to home after work.

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