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Linear Relationship among Age, Income and Health of Working Women

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Abstract

With the privileges of employability, there are also many hurdles confronted by working women like problems of multiple role adjustment, martial adjustment, parenting problems, job and family related stress, problems of leisure, health, decision – making etc. Therefore, it is necessary to understand and analyze the problems and challenges of working women from different angles in present times. This article is based on one of the findings of the Ph.D. research of the author on the problems and challenges being experienced by female teachers in government schools of Jaipur city. A field study was made and first hand data was collected through the use of interview schedule and non-participatory observation about 200 female teachers working in government schools of Jaipur city. The result of the study shows that a linear relationship is found among the variables of age, income and health pertaining to working women i.e. a direct correlation between age and personal income, personal and family income and family income and health of the female teachers.

Keywords: *Working Women, Health, Personal Income, Family Income*

Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity *(WHO, 1948)*. Working women may suffer with various health problems like stress, anxiety, obesity, problems related to midlife, lifestyle diseases, etc. Health issues-mental or physical, among working women may emerge due to age and lifestyle factors, nature of occupation, gendering of job, non-egalitarian marriages, feminization of job, improper parenting, role conflict, dual-role imbalance, work-life conflict, menopausal transition, reentering labor market and so on. Defining stress *Lazarus (1990)* says, 'stress refers to self-reported symptoms occurring as a result of transactions between the individual and the environment.' According to *Hales & Bernard (1996),* stress can be manifested as physical health related ailments such as headaches, migraines, and musculoskel et al. disorders. Causes of stress can be financial too. According to *Financial Health Institute*, "Financial stress is a condition that is the result of financial or economic events that creates anxiety, worry, or a sense of scarcity, and is accompanied by a physiological stress response." Thus, stress deteriorates physical and emotional wellbeing of working women. So, there is relationship between health and economic conditions of the working women.

Many studies have been conducted related to age, income and health of working women. Health of working women gets affected due to varied factors like type of family, marital relationship, financial condition, age, job satisfaction, life satisfaction, dual role management, personal skills,

etc. *Rhodes (1983)* found in his study a positive association between age and job satisfaction among both men and women i.e. job satisfaction might increases with age as with it increase in work experience brings more job rewards. *McLanahan* (2004), after his study in US concluded that women with higher income, higher education and greater resources for parenting have spouse with egalitarian attitudes and in contrary, low-income men have tendency for traditional gender-role attitudes, bears less domestic work and spend less time with children.

There is also a relationship between egalitarian family environment and health of working women. In families based on egalitarian ideology, the social roles of husbands and wives become more similar and, for both of them, the quality of job roles and the quality of their family life and work are major resources for gratification (*Barnett & Marshall, 1991)*. Women in these families get spousal support which is both emotional and instrumental. Spousal support has moderating effect on stress of women which might originate from work or in the family. So, egalitarian family is, in which, man and women has same equalitarian status, she get spousal support in caring children and household task and also woman possesses right in decision-making in issues of family life and their stress gets minimized.

According to stress theory by *Hobfoll's* (1989), "The juggling between family and stress can be stressful only if the women do not have self control skills (resourcefulness) to handle multiple tasks or if they do not receive emotional or instrumental support from their spouses". This fact is also supported by *Michael Rosenbaum* and *Einat Cohen* (1999) that there is a correlation between type of marriage, personal skill, spousal support and the stress among working women.

Another study revealed that employees who were taking care for elderly dependents are more prone to experience work-family conflict and suffer from stress and health related ailments (*Scharlach & Boyd*, 1989).

There is correlation between the increased stress among working mothers and the role overload or role conflicts they face (*Wortman, Biernat & Lang*, 1991).

Women who were highly involved in their jobs before deciding to stay home full-time with their infants tends to be more depressed and irritable, compared to women who were not so involved in their jobs (*Pistrang, 1984*).

Greater life-satisfaction not only makes us happier and motivates us to enjoy life, but it also positively affects our health. It is a proven fact that life-satisfaction is highly correlated with health problems like pain, chronic illness, anxiety, sleeplessness, chain smoking and physical inactivity (*Strine, Chapman, Balluz, Moriaty & Mokdad*, 2008).

Researches at Chapman University revealed that life-satisfaction is linked to reduced mortality risk and frequent fluctuations in life-satisfaction have harmful effects on longevity and health (*Boehm, Winning, Kubzansky & Segerstrom*, *2015*).

Like as moderator with respect to physical health (cardiovascular risk factor), a study of 493 women indicated that 'marriage confers health well-beings for women, but only when marital happiness is high (*Gallo, Troxel, Matthews & Kuller, 2003*).'

Menopausal symptoms among women open doors for many related consequences like obesity, depression, thyroid disease and cancer, which are common after menopause. Many studies reveal that menopausal symptoms in working women affect their personal and working lives (*Griffiths and others, 2016*). Due to increasing women's work participation, there are also number of working women during their menopause transition and postmenopausal and thus, they go through many health consequences affecting their work efficiency. Another study by *Hardy, Thorne, Griffiths and Hunter (2018)* examines that both work environment and work stress have a pivotal role in the work outputs than menopausal status of women. Most of the women sustained high levels of performance rate at work despite menopause. But, according to them, hot flushes and night sweats (HFNS) or vasomotor symptoms

are correlated with a higher intention to leave the labor force.

An article by *Goldis Garmsari* and *Maryam Safara* '*The Moderating Effect of the Economic Situation on Relationship between Problem-Solving Skills and Mental Health in Working Women and Housewives*' identifies that working women and housewives reveals that the economy have an independent role in anticipating the mental health of women but it is not a moderating variable between their problem-solving skill and mental health.

According to *Financial Health Institute*, "Financial stress is a condition that is the result of financial or economic events that creates anxiety, worry, or a sense of scarcity, and is accompanied by a physiological stress response." Unequal distribution by gender, housework often further limits women's ability to achieve financial independence (*Noonan, 2001*).

A study by *Ankita Verma*, *Aradhana Kushwaha* and *Sangeeta Gupta (2019)* reveals that working women of different age group and marital status are differently affected at workplace. But problems like mental and physical stress, unfair treatment at workplace, stressfulness, family and work life imbalance are commonly faced by them.

Methodology

The study is conducted on problems and challenges of working women with special references to the study of government school female teachers in Jaipur city. Jaipur is the prominent educational base in Rajasthan. In Jaipur city there are 139 government schools with total 3,078 school teachers working in, out of which 2,090 are female teachers and the research is concerned with the study of problems of these government school female teachers working in 139 schools which are the part of four educational blocks in Jaipur city i.e. Jaipur East, Jaipur West, Jhotwara city and Sanganer city.

The design of research for this study is descriptive, which focuses on the description of the problems of government school teachers. School teachers here comprise of Grade I (Principal, School Lecturer), Grade II (Headmaster, Senior Teacher, Physical Education Teacher II), Grade III (Headmaster, Teacher level 1 and level 2, Physical Education Teacher III). So, teachers of primary, secondary and senior secondary school are included for the research.

The sample size for the study is formed on the 'cluster random sampling'. Out of the 4 geographical clusters i.e. educational blocks of Jaipur city, the sample size is drawn with 10% ratio of the total teachers in the each cluster on the random basis. The primary data have been accumulated through the use of 'interview schedule' which comprises of closed, open and multiple choice questions. Besides this, non-participatory observation method is also used to collect the data. In the secondary sources of data, published and unpublished literatures consisting of census report, government records and publications in books, journals, magazines as well as online data are used in this research.

Measures

To analyze the data CORREL function has been used to determine Pearson correlation coefficient between variable 1 and variable 2. CORREL function is a function specially for calculating the Pearson correlation coefficient in Excel.

Findings and Data Analysis

On the basis of field study and analysis of collected data by the use of statistical measure following table has drawn:

Table 1: Correlation between Age, Income and Health

Variables	Age Group	Personal Income	Family Income
Age Group	1.00000		
Personal Income	0.44106	1.00000	
Family Income	0.21810	0.60208	1.00000
Health problem	0.02788	-0.01582	-0.22860

Source: Table is based on the Data Collected from the Field Study of 200 Government School Teachers

The results of the study have been are analyzed in the terms of the following classes and ranges of *co-efficient of correlation*:

Table 2: Range of coefficient of Correlation used for the study

Class	Range- Absolute Value
Not correlated	< 0.1
Weak	0.1 to 0.2
Moderate	0.2 to 0.5
Strong	>0.5

The data table 1 shows that there is an important and a significant association between *age- group* of the respondents and their personal income whose co-efficient is **0.44**.That is to say that with the increase in the age, personal income of the working women increases. Reason behind this is that with the passing of time, they become more experienced and skillful and get promotions and pay hike. Earlier study shows a positive association between age and overall life satisfaction for both women and men workers might be due to with rise in age wok-experience increases bringing more job rewards *(Rhodes, 1983).*

There is also a very strong and positive correlation found between *income of family* and personal income of the respondents with co-efficient **0.60**. Family income increases with the increase in personal income of the working women. It is statistically and sociologically significant value that the interplay of both age and personal income enhances family finances and wellbeing.

Health issues can emerge due to nature of job but this study reveals that it is also get affected by social and economic reasons too. Finding shows a negative and moderate correlation of health problems of the respondents with family income, whose values is **(-0.22).** Though the value is moderate but it is sociologically important in identifying that health related problems among female school teachers might decrease with rise in family income because they become in a position to earn better facilities i.e. home appliances requiring less human labour, facilities for conveyance and transport, house maid for domestic works and child care, better health care and treatments for themselves and have less financial stress.

Conclusion

From the present study of the female teacher of government schools, it can be concluded that there is a linear relation among age, income and health factors of working women. That is to say that factor of age and health are not directly and positively correlated but age factor is indirectly and positive related with wellbeing of working women. As with the increase in age, personal income of female teachers increases resulting in increase in their family income and with that decrease in their health issues. So, according to the study conducted there is a linear relationship in these variables and increase in family income has moderate and negative correlation with health problems among school teachers. As per the study following conclusions can be drawn:

- With the increase in *age*, personal income of working women increases.
- *Family income* increases with the increase in personal income of the working women.
- More family income have positive effect on *health* of the working women, as it leads to less financial stress among them and in addition they can avail better life chances, facilities and health treatment.

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