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An Economic Analysis of Private Banking Sector Working Women Health Status in Cuddalore District, Tamil Nadu

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Abstract

In India, women employees working in any sector face many challenges like gender inequality, job stress, burnout, and job disparities. The increasing number of women in the banking sectors has attempted a number of problems in their work area and their family life. The women who are in full time jobs which very often necessitates staying away from their family for long hours during the day and create more disturbances for their family. The banking sector is the most attractive sector chosen by women as it has advantages of facilities. But being women, they face many problems at work. the health problems and challenges faced by female employees in the banking sector and their impact on their personal lives and careers. Reliable data on mortality and morbidity in pregnancy are scarce, and for female morbidity in general, they are almost nonexistent. The limited studies available report high morbidity and malnutrition among girls and women.

Keywords: income, morbidity, health problem and malnutrition

Introduction

The economic reforms after liberalization have changed the banking sector drastically. Initially Indian banking system was dominated by public sector bank, but later new generation banks with the use of latest technology and professional management have gained momentum and occupies a reasonable position in the banking industry. Human resources have a significant bearing on the profitability, efficiency and overall organizational effectiveness. It is the basic mental abilities, skills, behavior, qualification and approach that differentiate human resource from one another. In the competitive environment, employees of any business organization are the key factor for deciding the success of the firm both in general and in particular. Proper acts, laws, policies regulations should be designed with regard to women worker so as to provide them security within premises as well as till they reach their destination. Arifa Ishtyaq and Gaurav Bisaria, (2021) As a private sector bank, a culture of cutthroat competition exists in private sector banks, and job security is not guaranteed,

which in turn instils feelings of gender discrimination in employees.

The disparity has not left the banking industry in the nation untouched. Being the backbone of the economy, jobs in the banking sector are regarded as highly coveted. Post nationalization, this sector has witnessed remarkable increase in the proportion of women workforce. The women employees find difficult to manage male subordinates and have a tough time in extracting work from them. Since the women employees like cashier, accountant, loan officer, branch manager, etc., cannot leave the bank without completing the account, the family members of women employees suffer more and it makes mental stress than the male counterparts which have an adverse effect on the psychological health of the women employees. Loganathan. E. and S. K. Poongodi (2015) Despite this parity in representation, there exists an unshakeable artificial ceiling that has subjugated the women workforce and infringed their promotion to executive positions. This roadblock in the path of development is referred to as the 'glass ceiling'.

Women Health Status

Modernity brought women's education in its wake, and it changed the arena of her activities. She stepped out of the threshold of the house, joined service, and began earning, gaining admiration, equality, and opportunity. Her voice got attention; her self-respect was restored; self-reliance was enhanced; and her ego was flattered. The need for the reduction of problems for women, however, is tremendous in order to enable them to work with efficiency, concentration, devotion, and integrity.

A higher or lower sex ratio reflects the status of the social-cultural, maternal, and child health care programs existing in the population. Female disadvantage in mortality is attributed as the cause for the low sex ratio in India (F/M over the last 30 years is 941 (1961), 930 (1971), 935 (1981), 927 (1991), 939 (2001), and 934 (2011) Census Reports India. (3) Over the last decade, the fall in the ratio of girls to boys has been greatest in the richest states of the north and west. According to the 2001 census in Punjab, the ratio is 793 girls to 1000 boys, down from 875 in the previous census. In Gujarat, the figure is now 878 girls to 1000 boys, compared to 928 girls ten years ago. With this environment, a study on the economics of women's health status in rural areas is assumed to be highly significant.

Women and Work

Beginning in childhood, most rural women fulfil multiple agricultural productive functions in addition to bearing children and performing household labour. Ironically, recent agricultural innovations have not benefitted rural women, who still perform primarily manual labour. The strenuous physical tasks allocated to women, combined with limited food intake, exacerbate malnutrition among Indian women. Productive responsibilities are hardest on childbearing women, who typically work until late in their pregnancies without needed rest or additional food. Mothers resume work before they have fully recovered from childbirth and have their children in relatively close succession, resulting in a cycle of maternal depletion that saps their physical strength and undermines their ability to function effectively.

Morbidity

Reliable data on mortality and morbidity in pregnancy are scarce, and for female morbidity in general, they are almost nonexistent. The limited studies available report high morbidity and malnutrition among girls and women. Emerging evidence indicates that the prevalence of reproductive tract infection is considerably higher and that the spread of HIV/AIDS is a concern. Iron-deficiency anaemia is widespread among Indian girls and women and affects 50 to 90 percent of pregnant women (World Bank, 1996).

Female mortality and morbidity rates are linked to overall fertility levels in India. Childbearing closely follows marriage, which tends to occur at a young age: 30 percent of Indian females between 15 and 19 are married. Childbearing during adolescence poses significantly greater health risks than it does during the peak reproductive years and contributes to high rates of population growth; Indian women also

tend to have closely spaced pregnancies. Some 37 percent of births occur within two years of the previous birth, endangering both the health of the mother and the survival of the infant and older siblings. (World Bank, 1996).

Maternal Mortality Rate Maternal mortality in India, estimated at 437 maternal deaths per 1,000 live births, results primarily from infection, hemorrhage, eclampsia, obstructed labour, abortion. Lack of appropriate care during pregnancy and childbirth, and especially the inadequacy of services for detecting and managing complications, explain most of the maternal deaths. There are wide disparities in fertility and mortality among states and, within states, between rural and urban areas. The substantially unfavorable levels of these indicators in the northern states Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh in relation to most southern states reflect marked social and demographic contrasts between the Hindi belt and the rest of India.

Materials and Method

Factors for Women's Health Problems

The health problems of women are on the global social agenda for the 21st century. The correlation between lack of education and high risk of maternal mortality has been demonstrated in several studies and reports (e.g., Harrison, 1996; World Bank, 1993). It applies equally to child health, which depends very much on parental schooling, especially the mothers (World Bank, 1993). It has also been shown to determine the level of use of contraception. Some cultural practices are detrimental to women's health. For example, in some societies pregnant women are prohibited from eating certain foods, thus contributing to poor nutritional status and anemia. Maternal and infant mortality are closely linked.

When a mother dies giving birth, her infant often dies as well. Motherless newborns are three to ten times more likely to die than those with mothers. Mothers are usually the primary guardians of the health, education, and nutrition of their children and, in many cases, also a contributing source of income. Every year, up to two million children lose their mothers for lack of services that are readily available in wealthier nations.

Birth spacing significantly reduces infant mortality; a two- to three-year interval between births reduces the chances of premature birth and low infant birth weight. Birth spacing is credited with reducing child mortality by close to 20 percent in India and 10 percent in Nigeria. Unwanted children in general are more vulnerable than others to illness and premature death. (World Bank. 1996). In other societies, the practice of Female Genital Mutilation. (FGM) causes pain and difficulties in childbirth.

Statement of Problems

In India, women employees working in any sector face many challenges like gender inequality, job stress, burnout, and job disparities. The banking sector is the most attractive sector chosen by women as it has advantages of facilities. But being women, they face many problems at work. the health problems and challenges faced by female employees in the banking sector and their impact on their personal lives and careers. This study has helped to suggest some measures to overcome the challenges and problems faced by women employees and to create health status and work balance in their lives.

Objectives

To study the socioeconomic characteristics of women employees in the private banking sector.

Methodology

Methodology is a way to systematically solve the research problems. It explains the various steps that are generally adopted by the researcher in studying the research problems along with the logic behind it. This study has used both primary data and secondary data. For collecting primary data field survey technique was undertaken in the study. The researcher has13 blocks Cuddalore district majority panchayat village blocks out of collected 5 blocks namely Mangalur, Nallur, Keerapalayam Cuddalore and Komaratchi. Each block 25 sample collected 125 samples from women employees of private banking sector in cuddalore district by means of

questionnaires. The primary data was collected from May to July 2024.

Interpretation and Discussion

Age Group

According to the socio-economic profile (Table 1) of the respondents, The Age wise Cuddalore District in Private Banking Sector Working Women Health 0-20 years majority of Cuddalore block Private Banking Sector in Working Women (36%) and less than Keerapalayam block (28%), 21-40 years majority of age group of Private Banking Sector Working Women in Keerapalayam block (56%) and less than Komaratchi block (40%) and 41-60 years majority of age group of Private Banking Sector Working Women in Komaratchi block (28) and less than two block in Nallur, Keerapalayam block (16%). Thus, the number of Working Women in was more in 21-40 years age group because it is the preferred age-segment by employers because suitable persons. Also, this age group has to should majority of the social and domestic responsibilities. The percentage of over-forty years Working Women was small, only (20%) per cent of the respondents.

Religion

The Religion wise Private Banking Sector Working Women Health in Hindu wise majority of Mangalur block (64%) Hindu group of and less than Komaratchi block (44%) in Private Banking Sector Working Women, Christian group of majorities of Keerapalayam and Komaratchi block (36%) and less than Mangalur block (24%) in Private Banking Sector Working Women Muslim majority group of Komaratchi block (20%) and less than Mangalur block (12%) in Private Banking Sector Working Women. The Private Banking Sector Working Women in Religion group wise over all (52.8%) percent of the respondents were of Hindu, Christian Private Banking Sector Working Women (30.4%) and less than Muslim group of Private Banking Sector Working Women in 16.8 percent of the respondents.

Caste

The Caste wise wise Private Banking Sector Working Women in FC majority of Mangalur and Komaratchi block FC group Working Women in (28%) and less than Nallur block (20%) in Working Women, BC group majority of Private Banking Sector Working Women Mangalur Nallur block (36%) and less than Keerapalayam Cuddalore and Komaratchi block (32%) in Working Women international migrant, MBC group majority of Nallur block (32%) and less than Mangalur block (19.1%) in Working Women and SC majority of caste wise of Private Banking Sector Working Women Cuddalore block (20%)and less than Nallur block (12%) in Working Women. The Private Banking Sector Working Women in Caste wise overall majority of Working Women (33.6%) percent of the respondents were of BC, MBC group of Working Women (25.6%), FC caste wise Working Women (24.8%) and less than SC Caste group of Working Women in (16%) percent of the respondents.

Education

The Education wise Private Banking Sector Working Women in Diploma majority of Nallur and and Komaratchi block in (36%) and less than Mangalur and Keerapalayam block (28%) in Working Women, Graduation group majority of Working Women in Nallur block (56%) and less than Keerapalayam and Cuddalore block (40%), Master Degree majority of Private Banking Sector Working Women in Keerapalayam block (32%) and less than Nallur block (8%) in Working Women. The Private Banking Sector Working Women in Education wise overall majority of Graduation group (45.6%) percent of the respondents, Diploma group of Working Women (32%) and less than Master Degree wise Private Banking Sector Working Women (22.4%) of the respondents.

Table 1 Percentage distribution of Private Banking Sector Working Women Health Status of Five Block in Cuddalore District

	Mangalur (25)	Nallur (25)	Keerapalayam (25)	Cuddalore (25)	Komaratchi (25)	Overall (125)
Age (years)						
0-20	8(32%)	8(32%)	7(28%)	9(36%)	8(32%)	40(32%)
21-40	12(48%)	13(52%)	14(56%)	11(48%)	10(40%)	60(48%)
41-60	5(20%)	4(16%)	4(16%)	5(20%)	7(28%)	25(20%)
Religion						
Hindu	16(64%)	13(52%)	12(48%)	14(56) %	11(44%)	66(52.8%)
Christian	6(24%)	7(28%)	9(36%)	7(28%)	9(36%)	38(30.4%)
Muslim	3(12%)	5(20%)	4(16%)	4(16%)	5(20%)	21(16.8%)
Caste						
FC	7(28%)	5(20%)	6(24%)	6(24%)	7(28%)	31(24.8%)
BC	9(3%6)	9(36%)	8(32%)	8(32%)	8(32%)	42(33.6%)
MBC	5(20%)	8(32%)	7(28%)	6(24%)	6(24%)	32(25.6%)
SC	4(16%)	3(12%)	4(16%)	5(20%)	4(16%)	20(16%)
Education						
Diploma	7(28%)	9(36) %	7(28%)	8(32%)	9(36%)	40(32%)
Graduation	12(48)	14(56)	10(40)	10(40)	11(44)	57(45.6)
Master Degree	6(24)	2(8)	8(32)	7(28)	5(20)	28(22.4)
Short Term Morbidity						
Fever	3(12)	5(20)	4(16)	6(24)	7(28)	25(20)
Cold and Cough	5(20)	6(24)	6(24)	4(16)	4(16)	25(20)
Headache	4(16)	3(12)	5(20)	5(20)	6(24)	23(18.4)
Diarrhoea	4(16)	4(16)	2(8)	5(20)	3(12)	18(14.4)
Eye Problem	5(20)	2(8)	3(12)	2(8)	2(8)	14(11.2)
Muscle pain	4(16)	5(20)	5(20)	3(12)	3(12)	20(16)
Long Term Morbidity						
Diabetes	3(12)	5(20)	4(16)	7(28)	5(20)	24(19.2)
Heart disease	4(16)	3(12)	6(24)	3(12)	4(16)	20(16)
T.B	5(20)	6(24)	5(20)	3(12)	6(24)	25(20)
Asthma	4(16)	3(12)	3(12)	2(8)	2(8)	14(11.2)
Arthritis	3(12)	2(8)	3(12)	5(20)	3(12)	16(12.8)
Brain disease	3(12)	3(12)	2(8)	3(12)	2(8)	13(10.4)
Kidney problem	3(12)	3(12)	2(8)	2(8)	3(12)	13(10.4)
Income						
< 15000	8(32)	9(36)	10(40)	7(28)	9(36)	43(34.4)
15001=30000	12(48)	11(44)	11(44)	12(36)	10(40)	56(44.8)
>30001	5(20)	5(20)	4(12)	6(28)	6(24)	26(20.8)

Source: Primary data

Short Term Morbidity

The Short Term Morbidity wise Private Banking Sector Working Women in Diabetes majority of Cuddalore block in (28%) and less than Mangalur block (12%) in Working Women , Cold and Cough group majority of Working Women in Nallur and Keerapalayam block (24%) and less than Cuddalore and Komaratchi block in(16%) in Working Women, Headache group majority of Working Women in Komaratchi block in(24%) and less than Nallur block in(12%) in i Working Women and Diarrhoea group majority of working women of Cuddalore block (20%) and less than Keerapalayam block (8%) in working women. Eye Problem group majority of Working Women in Mangalur block in (20%) and less than Nallur Cuddalore and Komaratchi block in (8%) in Working Women and Muscle pain group majority of working women of Nallur block (20%) and less than Cuddalore and Keerapalayam block (8%) in working women. The Short-Term Morbidity wise overall majority of Private Banking Sector Working Women in Fever and Cold and Cough (20%), Headache group (18.4%) in working women, Muscle pain (16%) in working women, Diarrhoea group (14.4) in working women and less than Eye Problem group of Private Banking Sector Working Women in (11.2%) percent of the respondents.

Long Term Morbidity

The Long Term Morbidity wise Private Banking Sector Working Women in Fever majority of Komaratchi block in (28%) and less than Keerapalayam block (12%) in Working Women, Heart disease group majority of Working Women in Keerapalayam block (24%) and less than Nallur and Cuddalore block in(12%) in Working Women, T.B majority of Working Women in Nallur and Komaratchi block in (24%) and less than Cuddalore block in(12%) in Working Women, Asthma group majority of working women of Mangalur block (16%) and less than Cuddalore and Komaratchi block in (8%) in working women. Arthritis group majority of Working Women in Cuddalore block in (20%) and less than Nallur in (8%) in Working Women, Brain disease group majority of working women of Mangalur, Nallur and Cuddalore block (12%) and less than Keerapalayam and Komaratchi block (8%) in working women, and Brain Kidney problem group majority of working women of Mangalur, Nallur and Komaratchi block (12%) and less than Keerapalayam and Cuddalore block (8%) in working women. The Long-Term Morbidity wise overall majority of Private Banking Sector Working Women in T.B (20%), Diabetes group (19.4%) in working women, Arthritis Heart disease (16%) in working women, Arthritis group (12.8) in working women, Asthma group (11.2) in working women and less than Brain disease and Kidney problem group of Private Banking Sector Working Women in (10.4%) percent of the respondents.

Income

The Income wise Private Banking Sector Working Women in Below -15000 wise majority of Keerapalayam in (40) and lessthan Cuddalore block (28%) in Working Women, 15001-30000 group of majorities of mgrant in Mangalur block (48%) and lessthan Cuddalore block (36%) in working women and above -30001 majority group of mgrant in Cuddalore block (28%) and less than Keerapalayam block (12%) in working women. The Private Banking Sector Working Women in Income group wise overall (44.8%) percent of the respondents were of15001-30000, Below -15000 in Working Women (34.4%) and less than above -30001 group of Working Women in (20.8%) percent of the respondents.

Conclusion

The general banking scenario in India has become very dynamic now-a-days. The success of banking industry depends not merely on its technical efficiency, good plant layout, updated machinery and dynamic organization etc., but also depends upon its employees. A satisfied, happy and hardworking employee is the biggest asset of banks. Workforce of any bank is responsible to a large extent for its productivity and profitability. Most of the women employees in private and public sector banks avoid promotion out of the fear of causing dislocation in

the family though they have fully qualified themselves. Some women employees find difficult to manage male subordinates and have a tough time in extracting work from them. Since the women employees like cashier, accountant, loan officer, branch manager, etc., cannot leave the bank without completing the account, the family members of women employees suffer more and it makes mental stress than the male counterparts which have an adverse effect on the psychological health of the women employees. The Private Banking Sector Working Women in Income group wise overall (44.8%) percent of the respondents were of 15001-30000 So, for the success of banking, it is very important to manage women employees more effectively and to find whether they are satisfied or not and also should try to take every possible step to improve job satisfaction among women employees because if employees are satisfied then customers associated with it will also be satisfied.

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