

The Role of Epidemiology in Women Health Problems

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Abstract:

The present study explores that, the role of epidemiology in women's health problems to identifying age, occupation, income, education, food habits, living a lifestyle and infrastructure of housing, drinking water and sanitation also affect women's health. However, biological cusses are suffering from lack of nutritious food. Nonetheless a long term disease plays a crucial role in the aged women' may suffer from none healing diseases like reproductive health problems. Women's majorly have physically weakness and psychological problems. Therefore, the present study aims to understand epidemiological causes of women's health problems physically and mentally.

Keywords: Women's Epidemiology, Reproductive, Occupation, Income, Education, Food habits, Living Lifestyle.

Introduction

In any society the status of women is an indicator of the level of its development. Women constitute nearly half of the total population of the world. They seem to be unempowered relative to men. They are relegated to a secondary position in the household, workplace or in governance and society in general. Women in many countries still lack of right to inherit property, own land, get an education, obtain credit, earn income or work outside home, they are still widely underrepresented in decision making at the household or social level. In recent years, empowerment of women has been recognized as a central issue in determining the status of women. Empowerment is an active process of enabling women to realize their full identity and power in all spheres of life.

Statement of The Problem:

The present study explores that, the role of epidemiology in women's health problems to identifying age, occupation, income, education, food habits, living a lifestyle and infrastructure of housing, drinking water and sanitation also affect women's health.

Objectives of The Study

The main objective is to know the health conditions of women.

1. The present study aims to understand epidemiological causes of women's health problems physically and mentally.
2. To evaluate living condition of working women in the unorganized Sector
3. To explore the different factors of the socio-economic condition of the working women in Bangalore city.

Methodology

The research involved both primary and secondary data. For the present study primary data were collected by structured questionnaire based on random sampling method data were gathered through 60 copies of questionnaires were administered to the conducted in selected the questionnaires covered status and women epidemiological health problems, occupational, mental, physical and others problems. The setting of the study conducted in selected Construction Labor, Agarbathi Workers, Beedi Workers and Garment Workers in the unorganized Sector in Bangalore city.

Results And Discussion

For the present study, totally 60 respondents epidemiological causes of working women were interviewed in that 60 women, which shows that the number of women workers are working in five major categories of unorganized labor in Bangalore City. **Construction Labor, Agarbathi Workers, Beedi Workers and Garment Workers:** The unorganized

or informal sector of labour constitutes about 90 percent of the total workforce and covers divergent states of socioeconomic activities in rural and urban areas (Singh 1991; Bremen 2003). Agriculture, construction, cottage industry, vending, wayside business, self-employed workers, domestic services, and many other types of labour fall within this category. Here, employees or workers are either not protected by any labour law or exploited by employers who violate laws with the help of bureaucracy.

Women and work: It is a fact that all women work. They perform dual roles of production and reproduction. Their work goes unrecognized because they do a variety of jobs daily which does not fit into any specific 'occupation'. Most of them are involved in the arduous household work. Although women work for longer hours and contribute substantially to family income, they are not perceived as workers by either the women themselves or data collecting agencies and the government. To understand the issue of occupational health problems of women, it is necessary to make a detailed study of the women's work in terms of the actual activity undertaken, the hours of work and the extent of remuneration received. The so-called housewife is already doing a single shift. If a woman also works outside home, she is consistently working a double shift. When children or family members are ill, she does three shifts day after day. On an average, women work much longer hours than men. According to International Labour Organization (ILO), 2/3rd of the working hours around the world are worked by women because of the combination of various roles in the workplace, in the family and in the society. Most often, the women's work remains invisible, but it contributes a major portion to the world economy.

Occupational health problems of women as seen from a gender perspective: Basically hazards posed by physical, chemical and biological agents in the work place are similar for male and female workers but the following factors have to be remembered for women workers. Women on an average, have a smaller stature and have less physical strength; their vital capacity is 11% less; their hemoglobin is app. 20% less; their skin area is larger as compared to circulating volume; they have a larger body fat content. They have lower heat tolerance and

greater cold tolerance. Woman's unique reproductive function exposes her unborn child to workplace hazards. Women shoulder additional burden of household work, care of children and social responsibilities.

Occupational stress is one of the major problems from a gender perspective. Studies from developing countries show that sources of stress in women's lives are more diverse and diffuse than those experienced by men. A number of factors cause stress among working women. These include:

- a. Multiple overlapping roles as housewives, mothers and workers, especially when such roles are physically and mentally demanding with little satisfaction, monetary gain or social rewards;
- b. Sexual harassment: This is often faced by women in almost all types of occupations except when they occupy top level jobs. It is widely believed that employers show a preference for women only when they are prepared to accept lower wages, are expected to be more docile and submissive;

Musculo-skeletal disorders and ergonomic issues: The heavy manual labour performed by malnourished women often under subhuman working and living conditions, cause a number of health problems of which musculoskeletal problems are one of the commonest problems of women in the unorganized sector.. Repetitive trauma is often the cause of a variety of musculoskeletal and neurologic disorders in women. Work related musculoskeletal disorders of the neck and shoulders and upper limbs are also known as cumulative trauma disorders (CTD). Evidences from a number of studies suggest that all these disorders principally result from; constrained working posture, monotonous and repetitive work and psychological stress. Even in mechanical jobs, most of the tools, machines and workstations have been designed for an average male and are unsuitable for women from an ergonomic angle.

Reproductive health hazards: Many chemicals pose hazards to the embryo especially during organogenesis. This has led to restrictions on the employment of women in various hazardous processes under various legislation (e.g. Factories

act,1984.)Exposure to volatile organic solvents, dusts and pesticides and VDT (Video display terminal) no ionizing radiation has been found to be associated with increased risk of infertility in women. This could be due to interference with ovulation, fertilization or implantation.

Exposure to solvents increases the risk of spontaneous abortions and there is sufficient evidence of an between exposure to toluene, methylene chloride, tetrachloroethylene, petroleum ether, xylene, formaldehyde, paint thinners and reproductive disorders. Women exposed to toluene have reported a greater frequency of menstrual dysfunction, including dysmenorrheal, irregular cycles and spontaneous abortions.

Occupational dust exposures (wood and agriculture based) have also been associated with adverse pregnancy outcome. It is not definite whether it is due to the preservatives such as pesticides or other agents like pentachlorophenol, creosote, formaldehyde, chromium, arsenic, etc. Aflatoxins, one of the commonest mycotoxins found in agricultural grain dusts are known dermatogens.

Pesticides: Maternal occupational pesticide exposures have been identified as a risk factor for stillbirth. Organ chlorine, pesticides, polyhalogenated biphenyls and chlorophenoxy herbicides such as 2, 4-D have been found to be teratogenic. DDT has oestrogenic properties. Dioxins, polychlorinated biphenyls have been shown to create a variety of reproductive effects ranging from immune suppression, teratogenicity, hormonal disruptions and even endometriosis.

Occupational and Environmental Health of Women In 1973, WHO defined the Scope and Extent of Occupational Health Programmes as follows:

1. To identify and bring under control at the workplace all chemical, physical, mechanical, biological and psychological agents that are known to be or suspected to be hazardous.
2. To ensure that physical and mental demands imposed on people at work by their respective jobs are properly matched with their individual technical, physiological and psychological capabilities, needs and limitations.

3. To provide effective measures to protect those who are especially vulnerable to adverse working conditions and also to raise their level of resistance.
4. To discover and improve work situations that may contribute to the ill health of workers in order to ensure that burden of general illness in different occupational groups is not increased over the community level.
5. To educate management and workers to fulfil their responsibilities relevant to health protection and promotion.
6. To carry out in plant health programmes, dealing with man’s total health, which will assist public health authorities to raise the level of community health?

Table 1: Percentage of the diseases affecting the workers

Diseases	Affected percentage %
Eye Irritation	88
Difficulty in breathing	85
Headache	95
Cold and Cough	78
Bach ache	60
Skin Allergy	62
Fever	52
Dysentery	36
Diarrhea	40
Fatigue	79

Head ache presented the highest percentage as a result of the effect of dust, smoke, odor etc. Eye irritation (88%) Skin allergy (62%), Fatigue (79%), Difficulty in breathing (85%), fever (52%), were reported in the survey. This may be due to the fine dust particles and other sources while making agarbatti at the site. Exposure to smoke particles can reduce the ability to breathe and reduce resistance to diseases. Those with more exposure to the dust, smoke odor, etc affect more than other results in reduction in lung function.

Conclusion

The heavy manual labour performed by malnourished women often under subhuman working and living conditions, cause a number of health problems of which musculoskeletal problems are one

of the commonest problems of women in unorganized sector.. Repetitive trauma is often the cause of a variety of musculoskeletal and neurologic disorders in women. Work related musculoskeletal disorders of the neck and shoulders and upper limbs are also known as cumulative trauma disorders (CTD). Evidences from a number of studies suggest that all these disorders principally result from; constrained working posture, monotonous and repetitive work and psychological stress. Even in mechanical jobs, most of the tools, machines and work stations have been designed for average male and are unsuitable for women from an ergonomic angle. Reproductive health hazards Many chemicals pose hazards to the embryo especially during organogenesis. This has led to restriction on the employment of women in various hazardous processes under various legislation (e.g. Factories act,1984.)Exposure to volatile organic solvents, dusts and pesticides and VDT (Video display terminal) no ionizing radiation has been found to be associated with increased risk of infertility in women. This could be due to interference with ovulation, fertilization or implantation. Exposure to solvents increases the risk of spontaneous abortions and there is sufficient evidence of association between exposure to toluene, methylene chloride, tetrachloroethylene, petroleum ether, xylene, formaldehyde, paint thinners and reproductive disorders. Women exposed to toluene have reported a greater frequency of menstrual dysfunction including dysmenorrheal, irregular cycles and spontaneous abortions.Occupational dust exposures (wood and agriculture based) have also been associated with adverse pregnancy outcome. It is not definite whether it is due to the preservatives such as pesticides or other agents like pentachlorophenol, creosote, formaldehyde, chromium, arsenic etc. Aflatoxins, one of the commonest mycotoxins found in agricultural grain dusts are known dermatogens.

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