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THE HEALTH OF INDIAN WOMEN :A COMPARATIVE ANALYSIS OF LIFESTYLE DISEASES AMONG WORKING WOMEN AND HOMEMAKERS

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ABSTRACT

In India, there is an increasing public health concern regarding women's health, particularly in the context of non-communicable diseases (NCDs) such as obesity, diabetes, and cardiovascular diseases (CVDs). The prevalence of these conditions among women has increased significantly, with notable disparities between homemakers and working women, as a result of sedentary lifestyles, rapid urbanization, and dietary changes. Homemakers frequently encounter obstacles such as psychological tension, poor dietary habits, and physical inactivity, while working women must contend with sedentary work environments and workplace stress. Alarming trends are revealed by national and global data, with 24% of Indian women being overweight or obese, 10.3% of them living with diabetes, and heart disease accounting for 18% of female fatalities. This paper examines the occupational, lifestyle, and cultural factors that influence these health outcomes, comparative to global trends, in the context of Indian women. It emphasizes the necessity of targeted interventions, such as the promotion of physical activity, the enhancement of dietary habits, stress management, and policy reforms, to address the dual burden that women experience. The overall health and well-being of women in India and beyond can be enhanced by delaying the onset of NCDs by addressing these challenges.

KeyWords: Women health ,Diabetes, Lifestyle disease, Obesity, Cardiovascular Diseases.

1.INTRODUCTION

Women's health represents a significant public health issue, especially with non-communicable diseases (NCDs) such as obesity, diabetes, and cardiovascular diseases (CVDs). These illnesses are becoming more common among women worldwide, with notable disparities evident across various socioeconomic and vocational categories. The incidence of non-communicable diseases among women in India has escalated significantly, propelled by swift urbanization, sedentary habits, and alterations in food. The National Family Health Survey (NFHS-5, 2019-2021) indicates that 24% of Indian women are classified as overweight or obese, a statistic that has doubled in the last ten years [1]. The prevalence of diabetes among Indian women is 10.3%, with urban women disproportionately impacted. Heart disease, previously regarded as a predominantly male health concern, is now a leading cause of mortality among Indian women, representing 18% of all female fatalities.

The increase in obesity, diabetes, and cardiovascular disease among Indian women is closely associated with alterations in lifestyle. Urbanization has resulted in a transition from traditional diets abundant in whole grains, fruits, and vegetables to diets elevated in refined carbs, sweets, and saturated fats. Sedentary lifestyles, marked by diminished physical exercise and heightened screen time, have intensified the issue [5]. Furthermore, psychological tension, originatingfrom the simultaneous obligations of employment and familial duties have been recognized as a substantial risk factor for these conditions [6].

The occupational status of women, especially the differentiation between homemakers and office workers, significantly influences their health outcomes. Homemakers frequently encounter restricted opportunities for physical activity and heightened stress exposure due to household responsibilities, resulting in an elevated risk of obesity and metabolic disorders [7]. Conversely, women in office settings, although adhering to more organized schedules, frequently contend with sedentary work conditions, extended periods of sitting, and occupational stress, all of which lead to comparable health risks [8]. This study examines the differences in obesity, diabetes, and heart disease prevalence between working women and homemakers in India, while also comparing these findings with international trends.

2. OBESITY AMONG INDIAN WOMEN

Obesity is an escalating public health issue among women in India, with notable disparities between employed women and homemakers. As to NFHS-5, 24% of Indian women are classified as overweight or obese, with elevated prevalence in metropolitan regions [1]. Homemakers may encounter obstacles including physical inactivity, inadequate nutrition practices, and psychological stress. A research in Tamil Nadu revealed that 32% of homemakers were overweight or obese, primarily due to physical inactivity and excessive intake of refined carbohydrates [9]. The research indicated that homemakers were predisposed to consuming energy-dense, nutrient-deficient diets owing to time limitations and restricted availability of better alternatives.

Psychological stress is a notable contributor to obesity among homemakers. The responsibility of managing domestic duties, combined with insufficient social support, frequently results in emotional eating and subsequent weight gain. A study in Maharashtra, India, revealed that homemakers experienced elevated levels of stress and depression relative to working women, which was significantly correlated with a higher body mass index (BMI) [10].

Conversely, employed women in metropolitan settings encounter sedentary work conditions and occupational stress. A study conducted in Delhi revealed that 28% of employed women were classified as overweight or obese, primarily due to prolonged sitting and insufficient physical

activity. The research indicated that employed women frequently depend on processed and fast foods because of time limitations, hence increasing the likelihood of obesity.
Worldwide, the tendencies are analogous. In the United States, 41.1% of women are classified as obese, with working women in low-income positions being especially susceptible. In the UK, women in sedentary professions are 30% more predisposed to obesity compared to those in active positions [12]. A study in the UK revealed that women in administrative and clerical positions exhibited elevated BMI levels in comparison to their counterparts in manual or physically intensive occupations [13]. These findings underscore the necessity for tailored treatments to combat obesity in both employed women

3. DIABETES AMONG INDIAN WOMEN

Diabetes constitutes a major public health issue in India, particularly impacting women. The incidence of diabetes in Indian women is 10.3%, with urban women exhibiting a greater risk [2]. Homemakers frequently have restricted possibilities for physical exercise and tend to consume energy-dense, nutrient-deficient diets. A study in Kerala revealed that homemakers had a greater consumption of refined grains and sweets, which are significantly linked to insulin resistance [14]. The research indicated that homemakers were predisposed to consuming energy-dense, nutrient-deficient diets owing to time limitations and restricted availability of better alternatives.

Psychological stress is a notable contributor to diabetes in homemakers. The obligation of overseeing domestic duties, along with insufficient social support, frequently results in emotional eating and subsequent weight gain. A study conducted in Maharashtra, India, revealed that homemakers had elevated levels of stress and sadness relative to working women, which was significantly correlated with a higher body mass index (BMI) [10].

Conversely, employed women encounter sedentary work conditions and occupational stress. A study conducted among IT professionals in Bangalore revealed that 18% of employed women developed diabetes, primarily attributed to stress and irregular eating habits [15]. The research indicated that employed women frequently depend on processed and fast foods because of time limitations, hence increasing the risk of diabetes.

The trends are consistent on a global scale. In the United States, 10.5% of women are diagnosed with diabetes, with a notable vulnerability among working women in low-income positions [16]. In the United Kingdom, women engaged in sedentary occupations exhibit a 25% higher likelihood of developing diabetes compared to their counterparts in active roles [12]. A study conducted in the UK revealed that women in administrative and clerical positions exhibited elevated HbA1c levels relative to their counterparts in manual or physically active occupations [13]. The findings highlight the necessity for interventions

4. HEART DISEASE AMONG INDIAN WOMEN

Cardiovascular disease is a prominent cause of mortality among Indian women, representing 18% of all female fatalities. Homemakers are especially susceptible to physical inactivity, inadequate eating practices, and psychological stress. A study conducted in Maharashtra revealed that 22% of homemakers were afflicted with hypertension, a significant risk factor for heart disease [10]. The research indicated that homemakers were more inclined to consume energy-dense, nutrient-deficient diets owing to time limitations and restricted access to better alternatives.

Psychological stress is a notable contributor to heart disease in homemakers. The responsibility of managing domestic duties, combined with insufficient social support, frequently results in emotional eating and subsequent weight gain. A study conducted in Maharashtra, India, revealed that homemakers exhibited elevated levels of stress and sadness relative to working women, which was significantly correlated with an increased body mass index (BMI) [10].

Conversely, women in the workforce encounter sedentary work settings and experience workplace stress. A study conducted in Delhi revealed that 20% of working women were affected by hypertension, primarily due to prolonged sitting and insufficient exercise as the main risk factors [8]. The investigation also highlighted that employed women frequently depend on processed and fast foods because of time limitations, which further increases the risk of heart disease.

The trends are consistent across the globe. In the United States, 44% of women are affected by some type of heart disease, with those employed in low-income positions facing heightened risk [17]. In the UK, women engaged in sedentary occupations face a 30% higher likelihood of developing heart disease compared to their counterparts in active roles [12]. A study conducted in the UK revealed that women occupying administrative and clerical positions exhibited elevated blood pressure levels in comparison to their counterparts in manual or physically active occupations [13]. The results underscore the importance of implementing strategies that target both lifestyle and occupational risk factors.

5. CONCLUSION

The analysis of working women versus homemakers in India reveals the intricate relationships between occupational status, lifestyle choices, and cultural influences that contribute to health outcomes. Individuals managing households encounter difficulties associated with lack of physical activity, unhealthy eating patterns, and mental strain, whereas those engaged in professional roles contend with inactive work settings and stress related to their jobs. In order to address these obstacles, it is imperative to implement specific strategies, including the provision of psychological support, the promotion of physical activity, and the improvement of access to nutritious dietary options.

To postpone the emergence of obesity, diabetes, and heart disease in Indian women, the following strategies may be adopted:

1. Encouraging Physical Activity: Engaging in regular physical activity, like 150 minutes of moderate-intensity exercise weekly, can greatly lower the risk of obesity, diabetes, and heart disease [18]. Programs rooted in the community, like yoga and walking groups, can motivate women to weave physical activity into their everyday lives [19].
2. Enhancing Dietary Practices: Dietary modifications, including the reduction of refined carbs and saturated fats, might enhance metabolic health [20]. Public health campaigns can enhance knowledge of the significance of a balanced diet abundant in fruits, vegetables, and whole grains.
3. Stress Management: Workplace wellness initiatives that advocate for stress management and nutritious eating can be advantageous for working women [22]. Community support groups offer homemakers a forum for exchanging experiences and coping skills.
4. Policy Interventions: Policymakers ought to contemplate enacting measures that assist women in reconciling professional and familial obligations, including flexible work hours and availability of childcare services [24]. Furthermore, incentives for nutritious foods and levies on unhealthy goods can promote healthier dietary selections [25].

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