

Work Status and Child Health Among Urban Families in Coimbatore

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Abstract

In olden times, women were not allowed to go out of home, and in the traditional society, it was difficult to think of women employment outside home but in modern days, the situation has been changing and female employment outside home has become common. Theoretically, work outside home makes women even more burdened because women are the persons who perform multiple tasks. Women in the lower socio-economic strata are more likely to work than the women in the higher socio-economic level. Many women are forced to work because of their poor economic situation. Women working in unorganized sectors are at greater risk than women working in organized sectors. Participation of economic activities helps woman have independent income, but on the other hand it may adversely affect the child health. The purpose of this study is to analyze the health status of child among the working mothers. The objectives of this study were to identify the post-partum health care services which includes no of postnatal Check-ups and place were got postpartum care services, Immunizations to children, Breastfeeding practices, and special food taken during post-partum period. For the purpose of the study 147 married mothers. Among them, 73 respondents are working mothers and 74 respondents are non-working mothers. Non probability sampling is used to collect data and identified the respondents by snowball sampling techniques. The study concluded that post-partum health care services is difficult due to dual burden of household works and occupational works.

Keywords: Working Mothers, Post-partum, Immunizations, Child Health.

Introduction

"Child is the father of the man," says an adage. Children of today are the citizens of tomorrow. Therefore it is necessary for developing the child, child personality in entirety to shoulder the citizenship of our country. India is a land of children. Almost one fourth of the total population are children under the age of 15 years. There are about 436 Million Children. The well being of the country depends on the welfare and development of the child resources to the maximum vantage, because today's children will grow into adults of tomorrow in between are crucial years that moulds his personality. The child needs, the security at home where is accepted and loved by his parents, his primary needs like, Whole some food, thing, healthy environment and happy years of schooling which can stimulate or satisfy the needs of his widening mental horizon)

Working Mother and Children

A young child needs the loving individual attention of his mother until he is old. Even then he would like his mother to be at home to welcome him back and help him with his homework, going out to work is usually not in the child's best interest. But there are exceptions. (It may be financially necessary to work in order to supplement her husband's income, or they may feel the need to work for her own satisfaction. An increasing number of women these days are working not only for financial and professional reasons, but also for social, emotional and intellectual satisfaction. Most women work to supplement the finances of the family. A mother, who wants to work may wait till the child is at least two or three years of age. The first three years of the child's life is all most important for his growth and development. The time spent with child is valuable and adequately compensated for it. However, if she has been working for quite some time before the baby is born, enjoy her work and are very involved in her profession, she may like to start working soon. Many mothers in such a situation would sit at home and look after the baby till he is three to four years old. But once they restart working, they work with a vengeance, neglecting the child at home. At times it is better to look after their professional needs as well as take care of baby both at the same time.

In India traditionally, most women stayed at home and looked after the houses and children of course, in villages and among the very poor, women work in the fields or as labourers. In cities, particularly, more and more women go out to work and this may cause problems in the case of young children. If there are pressing circumstances which make a mother go out to work before the child is three years old, it is essential to have an understanding and patient person who will look after the child while the mother is out. In many joint families this is not a problem as the grandmother or some other relative is in house. If she decide to work and do not have her mother, mother-in-law or some adult in the house while at away it is very difficult to give adequate care to the children. Choose an ayah (Maid) is very difficult because she is to be good and understanding with the children. The mother's "Substitute"-the ayah must be some one who is steady and will stay for long time. Frequent changes of ayahs can be very upsetting for a child. As good servants become increasingly scarce and expensive in India, more and more parents will have to look after their children by themselves. As one young mother ironically remarked, "It is more difficult to find a good ayah than to find a good husband"

Renowned pediatrician Dr. Derrick Bjelliffe has praised breast milk as a special gift of love and natural resource. All infants should be breastfed for at least the first three months of their lives, and ideally for the whole six months. A baby's preferred meal is mother's milk, not just a bad option. The healthy habit of breastfeeding the baby should not be stopped for the reason work.

The sense of abandoning the kids while the mother is at work is another kind of issue that arises. mothers are frequently led to think—or feel—that their children are not receiving enough attention, that they are not able to use the same amenities as other kids, and that they must also perform certain household chores in order to support their mothers. The children believe that they are all lacking their mother's affection and become dissatisfied when the mother gets angry and exhausted. Because of her simultaneous dedication and worry, the working mother in this scenario faces psychological issues due to internal conflict and feelings of guilt, anxiety, or stress.

World Bank Group Global Director for Health, Nutrition, and Population and Director for Global Financing Facility Muhammad Pate stated, "One of the most important investments a country can make to build human capital and boost economic growth is maternal and child health care."

The Problems of Working Mothers

Worldwide, women have undoubtedly emerged as a significant force in the workforce, particularly married women. The increasing number of wives in the workforce is having a progressive negative influence on family, marriage, and childrearing practices. Put another way, the phenomenon of career couples is influencing marriage, family dynamics, lifestyle choices, and the need for a stable household. Although the two spouses are freed from self-denial and financial hardship by having two incomes, working wives face additional challenges.

The double responsibility of working women's household and office job are the main source of difficulty for working wives. Although women are now allowed to work, most of her in-laws and most of her spouses do not support this new way of living. They are ill-prepared to divide up the domestic chores and child-rearing, which are still viewed as the wife's personal domain. It is typical to see women rising early to make breakfast, cooking lunch, getting the kids ready for school, taking care of the kids, and then heading to the workplace in the evening. The housework is waiting for her when she gets back. She makes her partner and young ones snacks, takes care of unfinished business, and makes supper. Furthermore, it is unable to provide their dependents with the necessary attention and emotional support.

When she works at the office, the sister-in-laws feel like they spend their whole day at home, especially if the mother-in-law works for the joint family. She had to get to work now. She is perceived as not doing enough housework by her spouse and child when she is with them. Both of them abuse and freeze her. His in-laws throw him under the bus if he's reasonable, compassionate, and helps her out by sharing part of the job. Criticizing him too, the in-laws do not appreciate his attitude. In actuality, there are relatively few of these kinds of spouses.

Need for Study

A s mother and children constitute 60 percent of total population, they are considered as "At Risk "group and much attention needs to be given. The most vulnerable times are before and after childbirth for women and babies. According to the recent estimates, 1 in 11 seconds, or 2.8 million pregnant women and newborns die annually, primarily from avoidable causes. Thus the investigator understand that the awareness of antenatal care still is poor in all the areas and need for health education is essential . Therefore this present study mothers in urban, in order to find out whether the working status of mothers has any bearing on the quality of child health.

Review of Literature

According to Drs. L. Esther Shalini and S. Esther Rani (2021), raising children is a crucial responsibility for families; a child's whole personality, particularly that of their mother, is formed at home, where they get the majority of their intellectual development.

A unique link is formed between a mother and the baby in the early hours after childbirth, (www.motherforlife.com, 2018).

Methodology

The research aims to study the Post partum and child health care services employed by working mothers in Coimbatore district. . For the purpose of the study, 147 sample, were selected out of which 73 respondents are working mothers and 74 respondents from non working mothers. mothers were identified through snowball sampling technique. The study employs a descriptive research methodology, and a simple percentage explore has been used to analyze and evaluate the data that has been gathered. However, the inclusion criterion of sample mothers was those who have child born during the last five years.

Objectives

- To identify the post-partum health care services which includes no of postnatal Check-ups
- To examine the , Immunizations to children, and Breastfeeding practices,
- To know the special food taken during post-partum period.

Analysis and Interpretation

Table 1 Demographic Profile

S NO	Category	Non working		Working	
		%	N	%	N
1	Age				
	< 26	40.54	30	24.66	18
	27-29	50.00	37	65.76	48
	30+	9.46	7	9.58	07
2	Education				
	High school	65.75	48	15.07	11
	Higher secondary	15.43	12	49.31	36
	Degree +	18.92	14	35.06	26
3	Presence of older person				
	No one	67.56	50	35.62	26
	Mother/ father/ mother in law /father in law	32.43	24	64.38	47
	others	-	-	-	-
4	Family Annual income				
	Below -20000	13.51	10	12.33	9
	21000- 30000	32.43	24	10.96	8
	31000 +	54.06	40	76.71	56

Table 2 Post partum and child health care services

S NO	Category	Non Working		Working	
		%	N	%	N
1	No of times gone for check-up during pp period				
	1	41.89	31	35.62	26
	2+	58.11	43	64.38	47
2	Special food taken during PP period				
	NO	56.76	42	63.01	46
	YES	43.24	32	36.99	27
3	BCG				
	NO	-	-	-	-
	YES	100	74	100	73
4	POLIO				
	NO	4.05	3	24.66	18
	YES	95.95	71	75.34	55

		DPT				
5	NO	5	6.76	52.05	38	
	YES	69	93.24	47.95	35	
6		MEASLES				
	NO	-	-	-	-	
	YES	100	74	100	73	
		Full Immunization				
7	NO	9.46	7	26.03	19	
	YES	90.54	67	73.97	54	
		Breast Feeding practices				
8	< than 6 months	9.46	7	35.62	26	
	7-12 months	58.11	43	49.31	36	
	1 year +	32.43	24	15.07	11	
		Total	100	74	100	73

Major Findings

1. Majority of respondents are lie between the age group of 27 to 29 years of age. Working mothers are educated than that of Non -working mothers.
2. Most of the working respondents (64.38) revealed that they do receive support from the family for caring her and to do the child care services. This support is usually in the forms of parents/ parents-in-law helping out with the domestic chores, husband assisting in transportation, assistance in disciplining the child, recreation offered by the child’s grandparents, etc.
3. Postnatal checkups by mothers (and their children) during postpartum period (approximately 6 weeks), a large percent of mothers reported that they had visited a minimum of 2 times or more for Postnatal checkups and remaining just about One time only .
4. Among the total children born to the sample mothers , who had full immunization is noticed to be comparatively higher.
5. Breast feeding practices are much better among sample respondents , especially among non working than working mothers. Inadequate of breast milk of the respondents , majority of the working mother are inadequate in breast milk 49.31% so they stopped within I year of child. And started solid food between 4and 8 months.
6. In order to keep health of mothers and children during postpartum period , As expected , the percentages of respondents reported to have taken special food items are comparatively higher among the Non-working mothers than working mothers.

Conclusions

Industrial revolution results in rapid urbanization which provides more job Opportunities outside the family to women. it facilitates for their economic dependency and liberation but for young mothers, child health care services is difficult due to dual burden of household works and occupational works. But non-working young mothers providing sufficient services to their children than working young mothers

Implications

1. Flexibility for leave allowance (emergency situations such as personal emergency) and job hour’s relaxation to comfort their work-life balance

2. Their pay is not equivalent to the work they do; not enough to run a family at the present- day scenario, when to compared to other states’ pay and work relaxations, Tamil Nadu felt short off it
3. Morning timing clashes with their work life balance as they don’t have time to take care of their child, sending them to School, most probably morning routine is affected so, relaxation in morning timing is needed one.
4. There is need to have health facilities at their nearest and flexibility in time schedules of health facilities

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