

Working Hour and its Impact on Backache from Gender Perspective

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Abstract

This paper aims to analyze the association between work burden and backache among women and men. The study design is descriptive cross sectional. Thirty two households are selected. From each of the households sample size of 64 in terms of a pair of either married couple or the unmarried sister and brother are selected. Respondent's age is between 15 to 49 years. Semi structured questionnaire is used to collect data. This study shows significant differences in working hour between male and female. The working hour is significantly higher among the persons with backache. Gender inequality is a stark reality. The gender division of labour may add more work to women resulting into longer working hour for women. This may reflect in some health hazards among women. Hence, more focused attention is needed to understand the non reproductive health problems of women.

Keywords: working hour, backache, women empowerment, health problem, health seeking behavior

1. Introduction

Women and men commonly perform different tasks and work in different sectors. Women are more likely to work in the informal sector, for example in domestic work and street vending. They may work from their homes. There is little data on women in low-income countries, but they are known to shoulder extremely heavy physical workloads, both at home and at work. Women provide water and fuel, carrying heavy loads and walking long distances.

These constraints can lead to various illnesses including musculoskeletal disorders (WHO, 2004). The traditional gender roles and stereotypes are the result of patriarchal cultures in which men regarded as superior to women; this has contributed to gender inequality that also leads to health inequality between men and women. Gender inequality has a higher toll on women's health due to the discrimination they face in nearly every culture (<http://www.who.int>).

Women usually work longer than men. Women continue to perform majority of household and childcare work even when they hold full-time labour market jobs (Abel, 1994; Reskin, 1994; Nieka, 1998). Housework is not considered as work even though it provides goods and services that add greatly to the comforts of life and often are crucial to its maintenance (Francine & Mariane, 1992). Under valuation of women's work either in the household or in the workplace leads to women being expected to work for longer hours than men.

Women in general are in the occupations that demands more tedious, manual, monotonous and labour intensive work in awkward positions but gain less recognition and status as compared to men. Hence, the experience of work is very influential in shaping women's health. Women's secondary social status has given them backbreaking tasks like fetching fuel and water, farming etc. This physical work burden results in backache, which is neither recognized nor treated within the health system (Asian and Pacific Development Center, 1990).

Back health hazards usually involve spasms of the large, supportive muscles alongside the spine. There are many factors that could bring about backache. These could include muscular tension, poor posture, straining of the joints, and staying in one position for a long period of time (<http://www.simple-remedies.com>).

Workshop on “Gender and Women’s Health” points out few determinants of backache due to heavy work such as overwork/difficult work, double burden, long walking distance for carrying heavy load of water/grass/firewood (RECPHEC, 1994). Repetitive motion work put the back under tremendous pressure (cure-back-pain.org). Women generally perform manual tasks. Women's Back Pain factors are often a combination of physical, psychological and societal contributors (<http://www.cure-back-pain.org>).

2. Rationale

The feminist movement from its start in the 19th century has been involved in the struggle for better health care for women. The first feminists aimed at better information on birth control and sexuality. The second feminist wave focused on the unequal division of power roles between men and women. A lot of the problems women experienced could be seen as a consequence of their subordinate role in society (Janssen, 2007).

Women’s work is important to the population and development issues as they hold half of the world’s population. Similarly their health status is vital to the development of the nation. However, the women’s health is viewed in relation to their reproductive health. Hence, many of the healthcare services focus only on reproductive and family planning issues for women. Analysis reviewing the health of women in relation to their work is lacking. Sex-disaggregated data on work-related exposures and effects should be collected systematically, including in the informal economy and the domestic sphere (WHO, 2004).

The neglect of women other than mothers in healthcare program has led to non-recognition of other causes of female mortality and morbidity. The medical profession takes very narrow view of the health problems of women; just as society views women mainly as producers of children and ignores all other contributions made; medical profession mainly focus on women’s reproductive

problems (Asian and Pacific Development Center, 1990). When considering the differences between women and men, there is a tendency to emphasize biological or sex differences to explain factors of well being and illness. However, social and cultural factors and power relations between men and women play crucial role in promoting and protecting health. The need for searching for more specific causes for women’s increasing health hazards is obvious. One of the main work related health problems for Nepalese women could be physical effect of chronic overwork due to women’s triple roles and subordinate position in the family and society where they have to perform numerous backbreaking duties every day. This study aims to derive the association between working hour and backache with gender perspective.

The major objectives of the study are to describe the impact of working hour on backache from gender perspective, assess the situation of backache, health seeking behavior among individuals with different occupation, and to explore the situation of backache among married and unmarried individuals.

3. Methods

The study area is Panga in Kirtipur municipality in Kathmandu. Panga people are living in subsistence agriculture. The agriculture products are not sufficient for them throughout the year. So, they are engaged in other professions too for their livelihood. The study design is descriptive. Thirty two households are selected. To conduct this task, at three main junction of the study area, the bottle is rotated. And wherever the bottle mouth is pointed, the households from that direction, which fulfills the inclusion criteria, are selected. The inclusion criterion of the household is that it should have at least either a married couple or a pair of unmarried sister and brother. From each of the households sample size of 64 in terms of a pair of either married couple or the unmarried sister and brother are selected as the final sampling element. The respondents are between 15 to 49 years of age group.

Semi structured questionnaires are used to conduct an interview with the respondents. The collected data are analyzed and interpreted through necessary diagram and different statistical methods such as independent t-test and z test for proportion in proper context by using the Excel, PHSTAT2 and SPSS 13 software package.

4. Operational definition

Working hour in this study is defined as total hours the respondents devote for reproductive and productive work per day. The respondents with paid job are recorded as 7 hours per day. The persons sitting idle doing nothing are recorded as 0 hour working hour per day.

5. Results

Around 37% of women are literate followed by 21.9% in lower secondary and secondary group. 12.5% of women are found to be illiterate. However 18.8% females are found to be with higher secondary education. The overall educational scenario of the women of Panga does not mark to the satisfactory level. Around 47% of male are with higher secondary education followed by 28.1% with the lower secondary and secondary. Very small percentage i. e. 3.1% finished post graduation among male. There is none of the illiterate male.

More than 50% of females do not have paid job. Around 47% women are housewives, 6.2% are students and 6.3% do not have job. The main occupation among females is seemed to be carpet weaving. Total of 15.6% women are engaged in this profession. Cap weaving, sweater weaving and local textile designing professions are entirely home based. Around 38% females are practicing home based skilled labour. Only 3.1% have formal job. Among males, 21.9% are paid jobless. 18.8% work in carpentry.

47% are skilled workers. 25% percent have formal job and 6.2% are students.

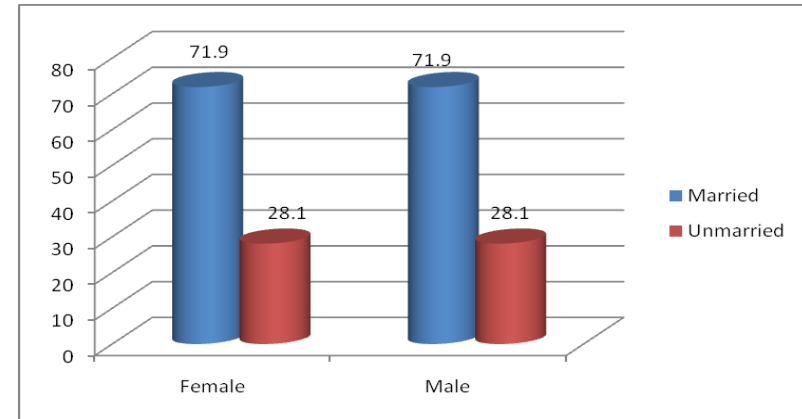


Fig. no. 1: Percent distribution of marital status of the respondents

Most of the female respondents wake up early in the morning. 68.7% of females wake up by 5.00 a. m. compared to 18.7% of males. Around 41 % of males wake up at 7.00 a. m. followed by 31.3% at 6.00 a. m. Females who wake up after 6.00 are all unmarried.

Majority of the respondents go to bed at 10.00 p.m. around 66 % of females and 43.8% of males go to bed at 10.00. Though they have to work hard the female respondents generally have a sleep for about 7 to 8 hours.

The more percentage of female i.e. 25% work for 17 hours followed by 15 hours per day. However, majority of male i. e. 46.9% work 7 hours per day followed by 21.9% doing nothing productive. The noticeable fact here is that 21.9% of these men do not have paid job but still they do nothing in the household.

Working hour per day for female is 13.85 with standard deviation of 3.99 hours which is significantly higher than average working hour i. e. 6.31 hours with standard deviation of 4.63 hours for male ($p < 0.0001$). Backache is found to be significantly higher

among women as compared to men ($p < 0.0001$). Around 86% females and 37.5% males are suffering with backache.

This study results show that the presence of backache among married (87%) and unmarried (88.9%) women is not significantly different ($p = 0.88$). The problem among the unmarried females can be because of the fact that they also perform numerous household work to help the mother or sister in law and some of them are taking all the household responsibility also. Household work is all women's chores. Around 78 % females performed it and remaining unmarried women help other females in the house. But only 3.1% of men do housework because of absence of his wife due to her job in the carpet factory in the morning. In case of males the backache is more prevalent among the married. Out of 23, 47.8% of the married male are suffering from it as compared to 11.1% of 9 unmarried males ($p = 0.05$). This account for 91.66%, out of 12 having backache are married. The study do not sound for the more detailed reason for it but however the household responsibility of married males could be more than the unmarried ones, which results in longer working hour per day.

The difference is seen on the number of female and male response to no tiredness after whole days work. Only 12.5% females say that they do not feel tired whereas 40.6% males answer same. And moreover these 12.5% females belong to joint family system where there are lots of other females to share the household work.

Following exercise in the morning is one of the chief determinants to reduce the backache, provided one should have sound knowledge of it. But in this study it is found that most of the respondents do not follow the exercise. Specially females say that they generally do not have time for it. There are no single female respondents who follow exercise. Still 34.4% of males go for a walk in the morning.

Body posture is one of the factors related to the health of a human being. Still the government does not pay attention to it. None of the awareness program talk about the posture. Only few respondents are aware about the body posture while working and yet they also do not follow it. Only 15.62% female and 18.75% males say that they have heard about the importance of the body posture.

6. Discussion

In a national level study, it is found that Nepalese women spend 10.8 hours in working per day in an average whereas this is only 7.5 hours per day for men (Acharya and Bennet, 1981). Similarly another national level study in Nepal find women's working hours to be 10.8 hours as against 7.8 hours by men (Shtri Shakti, 1995). In one village study in Nepal, it is found that women work for 11.8 hours per day as against 8.6 hours by men (Bhadra, 1997).

Results in this study show significant differences in working hour between male and female ($p < 0.0001$). The range of working hour for female is from 5 hours to 18 hours per day whereas for male it is even 0 hours to 17 hours per day. The result show that the mean working hour of the individuals having backache is 11.45 ± 5.20 hours whereas the mean for the individuals without backache is 7.8 ± 5.96 hours ($p = 0.01$). Here, gender disaggregation is not done and total individuals with and without backache are compared. The working hour is significantly higher among the person with backache. This can be related with women's higher working hour per day and higher prevalence of backache among them.

Surveys of people working long hours routinely show a high proportion reporting that they felt very tired, and this is twice as likely to affect women as men. Working long hours will bring stress and those with high stress are more likely to have had backache (<http://www.futurevisions.org>).

According to study done in Chinese middle aged women, it is seen that women with a high housework or work stress have an increased risk of suffering of backache of nearly two- and half-fold with 95% CI of 1.61-3.85 (Yip, Ho & Chan, 2001).

All the women, who have the job, are sufferers of backache and among the women, who do not have paid jobs 76.5%, are the sufferers. Among males the sufferers are more in paid job e.g. carpenter, (66.7%), electrician (100%), music teacher (100%) and sales (100%). However, the music teacher admits that the backache is due to motorbike riding. There are only 14.3% of sufferers who are without job.

In poorer countries of the Asia such as Nepal, Philippines and India, agricultural work is the largest work occupation of women, engaging more than half of women workers (Asian and Pacific Development Center, 1990). Results of this study show that among the main work the respondents follow in the afternoon, one is the agricultural work. Though men also follow agriculture work in the field during the season, women have to follow it throughout the year including field as well as home based agricultural work. Significantly higher percentage of women (87.5%) as compared to men (62.5%) worked in agriculture ($p < 0.0001$). Most of the respondents, specially male who complained for backache told that they have severe pain during the agricultural season. But in case of females the pain is an every day's story.

Research into time use in Third World countries including Nepal, Bangladesh and Indonesia have shown that women work longer hours than men and have less time for sleep and leisure (Asian and Pacific Development Center, 1990). The results from this study show that out of 25 women who stay at home during afternoon (including 8 women having home based paid job plus 17 women without job) only 36% women take a short nap during afternoon. On probing the women say that they do not have time for rest.

Similarly, 50% men out of 8 male staying at home take rest. For men, taking rest is on their choice.

All 100% females with backache complain for excessive pain while they have to work more. And 97.5% out of 12 men respond similarly. They are aware about how they got backache. Most of the respondents tell that it is due to the work burden they have. Around 68 % (19) of 28 females and 50% (6) males indicate that heavy work is causing the backache.

Utilization of health services is affected by many factors such as illiteracy, ignorance & lack of information about the existence of the services, long distance from the service point, shortage of time due to employment, cost and health beliefs. In addition, women's health care utilization is affected by even some other factors such as housework & childcare, lack of female staff at health service center, lack of privacy in the health centers, inappropriate clinic scheduling and social structure. Many of these factors are interrelated with gender inequality reflected in women's subordinate status in the society. When reviewing the state of women's health in Nepal, it seems unrealistic to separate a woman's health from her expected role in predominant patriarchal society. These factors largely affect women's access to health facilities.

This study reveals that most of the respondents do not seek medical advice for the backache. Only 14.3 % (4) women out of 28 sufferers and 25 % (3) men out of 12 visit a doctor. There are several reasons behind not seeking a medical advice. One of them being their thought of viewing the problem of backache as negligible to life and due to work. They say that backache is due to overwork and the doctor could not help since they could not stop working. The answers like "no severe pain due to backache, lack of time and negligible subject" are given more by women.

7. Conclusion

The working hour per day for female and prevalence of backache among them is significantly higher than male. The gender division of labour may have added more work to women resulting into longer working hour for women which might have reflected in some health hazards such as backache among these women. Even unmarried females have more responsibility in the household chores than the married males. Type of occupation is also related with backache. Men suffer more during agricultural season however women suffer throughout the year. Even though, they do not seek medical help.

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