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A COMPARATIVE STUDY OF HEALTH CONDITIONS OF WORKING AND NON WORKING FEMALES OF PAKISTAN

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ABSTRACT

The study was designed to compare the health conditions of working and non working females of Pakistan and to find out their health problems. The major objectives were to compare the health conditions of working and non working females. The results of the study were analyzed to inquire the impact of balanced diet on female health and also to give suggestion to bring improvement in female health. The procedure of the study involved 300 randomly selected females from the district Attock, Pakistan. An instrument (consisting of one open ended and 20 structured question along with a checklist of common female dieses and balanced diet) was developed to collect the data. Interview technique was also used to collect the data. The data was collected analyzed and interpreted. The frequencies of the responses were analyzed in terms of percentage. Keeping in view the findings of the study it was concluded that majority of houses wives included in the study were with the age 30-50 year. Most of them were illiterate and suffering from diseases like High/Low blood pressure, problems related to stomach, heart and kidney, Gynecological problems, backache etc. They were also not doing their regular medical checkup. Whereas the dietary habits of working ladies were better than house wives. They were doing their medical checkup. Although a small percentage of them were facing health problems. During the interview it was also found that financial dependency, low literacy rate of Pakistani society and especially among the females are the major reasons of the poor female health. Similarly for working females financially and social independency is also one of the reasons of their medical checkup and better dietary habits and health. It was recommended that health departments may start media campaign to highlight and sensitize the importance of female health and balanced diet especially in the family context.

KEY WORD: Working females, Non Working Females, Health conditions.

1. INTRODUCTION

Definition of working woman by the American Heritage® Dictionary of the English Language: 1. A woman who earns a salary, wages, or other income through regular employment, usually outside the home. 2. A woman employed in manual or industrial labor. Webster's new World Dictionary says a working woman is: a woman who is gainfully employed; often, specif., such a woman as distinct from a housewife. The English word" Health" comes from the old English word "Hale" meaning wholeness a being whole, sound or well. A state of the organism when it functions optimally without evidence of disease (Medical Dictionary, 2006). According to World Health Organization (WHO), health is the state of complete physical, mental and social well being and not merely the absence of disease. (WHO, 1948, p, 1). Health is the condition of being sound in body or mind specially freedom from physical disease or pain. The condition of an organism with respect to the performance of its vital functions especially evaluated subjectively. (Dictionary- Health, 2011). Health is a dynamic condition resulting from a body's constant adjustment and adaptation in the response to stress and changes in the environment for maintaining an inner equilibrium called homeostasis. (Hakeem2006.P.20). Although physical health has a significant impact on both biological genders i.e. man and woman but the health of women and girls is of particular concern. That is because, in many societies, they are disadvantaged by discrimination rooted in socio cultural factors. Some of the socio cultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- i. unequal power relationships between men and women;
- ii. social norms that decrease education and paid employment opportunities;
- iii. an exclusive focus on women's reproductive roles; and
- iv. Potential or actual experience of physical, sexual and emotional violence.

While poverty is an important barrier to positive health outcomes for both men and women; poverty tends to yield a higher burden on women and girls' health due to a number of reasons i.e. feeding practices (malnutrition), reproduction, use of unsafe dietary habits and laborious life style. Women's health issues have attained higher international visibility and renewed political commitment in the recent decades. While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With limited access to education or employment, low illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Healthy Women, Healthy World, embodies the fact that as custodians of family health, women play a critical role in maintaining the health and well being of their communities. Maternal conditions are leading causes of death and disability among women. More than 99 percent of the estimated 536,000 maternal deaths each year occur in the developing world. (www.globalhealth.org)

In Pakistan women are important part of society and family system. Most of our women are uneducated; they depend on their husbands and just looking after their children. The literacy rate in Pakistan as coated by World Bank (2013) is; total population: 54.9%, male: 68.6% and female: 40.3%. Some women are educated and are active members of society. Although Pakistani women and men share many similar health problems but women also have their own health issues, which deserve special consideration. Such a long period of innovation in science and technology has passed but still the health of women which is significant for her family members remains a major concern for us. One of the choices for holistic health and wellness is proper nutrition. The food choices you make will significantly influence your health throughout your life. Choosing a healthy diet helps to support maximum fitness and to protect against lifestyle diseases. You have total control over your diet so you need to choose foods wisely to ensure maximum health. The body requires protein, fats, carbohydrates, vitamins, minerals and water. A diet containing adequate amounts of all essential nutrients is vital because various nutrients provide energy, build and maintain body tissues and regulate body functions. Below is a table with the six classes of essential nutrients. (Fahey et.al., 2007)

Nutrients	Functions	Major sources
Proteins	Form important parts of bones, muscles, blood, enzymes, some hormones; repair tissues; help in growth; supply energy.	Meat, fish, milk, egg, legumes, nuts, and poultry.
Carbohydrates	Supply energy for brain cells, nervous system, and blood; supply energy to muscles during exercise.	Bread and cereals, milk and fruits, vegetables.
Fats	Supply energy, insulate, support organs, provide medium for absorption of fat- soluble vitamins.	Animal food, grains, nuts, seeds, fish, vegetables.
Vitamins	Speed up specific chemical reactions within cells.	Abundant in fruits and vegetables, grains and meat and dairy products.
Minerals	Help to regulate body functions, aid in growth and maintenance of body tissues.	Found in most fruits groups.
Water	Transport chemicals; regulate temperature, removes waste products.	Fruits and vegetables

Women have different daily nutritional requirements to men. Typically women need fewer nutrients than men with the exception of salt and fiber. Their Nutritional needs depend on size, age and activity levels. The chart gives the general guidelines of the daily amounts recommended for a healthy, balanced diet of typically women.

Diet	Men	Women
Energy (kcal)	2500	2000
Protein (g)	55	45
Carbohydrates (g)	300	230
Sugar (g)	120	90
Fat (g)	95	70
Saturates (g)	30	20
Fiber (g)	24	24
Salt (g)	6	6

GUIDELINE DAILY AMOUNTS

(Torrens, 2013)

Most of the Pakistani females may have physical as well as mental health problems. Some of them are depression, stress, heart attack, high blood pressure, nutrition problems, cancer, diabetes, hepatitis, weight loss, migraine, headaches, urinary tract infection, stomach problem, kidney disease, high cholesterol, pain in joints, vaginal infection, and deficiency of iron calcium vitamin, skin infection and gynecological problems. (On line Encyclopedia, 2013)

2. SIGNIFICANCE OF THE STUDY:

The findings of the study will be help full as strengths and weakness of the female health and dietary habits of the both working and non working females of our society. The study will be significant for the health ministry's think tanks, policy makers of the country and for future researchers as a springboard to investigate the quality of health and provision of healthy life style to the females of the Pakistani society who are almost 55% of the total population. In the Pakistan of 21st Century; the study will also be helpful in improving the quality of health, diet and life style of both types of females i.e. working and non working and to guide them about importance of health and balanced diet to perform their responsibilities well. The study will also provide significant information for public and all members of the family. It will be imperative for women to be healthy as they play a vital role in maintaining the health of their family and the community as well.

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3. STATEMENT OF PROBLEM:

As women are important part of society and family system in Pakistan so the present study was designed to compare the health conditions of working (In Service) and non working females (House wives). In this study beside the multiple factors affecting the female health on dietary habits were kept under study to see the impact of balanced diet on physical health.

4. OBJECTIVES:

This study was conducted to achieve following objectives.

- 1. To compare the health conditions of house wives and working ladies.
- 2. To analyze the impact of balance diet on female health.
- 3. To find out the health problems of females.
- 4. To give suggestions for improvement of physical health.

5. METHODOLOGY:

It was descriptive type research and survey method was used to collect the data.

The procedure of the study involved the 300 randomly selected females with the age 30-40 year. All those women were from district Attock.

6. POPULATION

All the Pakistani females comprised population of the study. This population was spread over a large geographical area with diversity of cultural conditions .So after discussion with the experts of the field the researcher decided to adopt the stratified technique of sampling. So the District Attock was selected as **target population**. Hence all females (House wives and working) of district Attock comprised the population under the study.

7. SAMPLE

10% working and non working females of total population with the age group 30-50 years were comprised as sample of study. The detail of the selected sample is as under.

Total number of Female Population in District Attock	134710
10% of the total population	13471
Total targeted Non Working Females	8081
Total targeted Working Females	4041

8. RESEARCH INSTRUMENT

Questionnaire was decided as instrument and keeping in view the objective of the study an instrument consisting of one open ended question and with 20 structured questions was constructed to collect the data. It was 0.5 likert scale. Interview technique was also used to collect the data. The data was collected analyzed and interpreted. The frequencies of the responses were analyzed in terms of percentage.

9. DATA COLLECTION

Data was collected through personal visits by using survey method.

10. DATA ANALYSIS

After collection of data, percentages were used for the purpose of data analysis through SPSS. The findings and conclusions were drawn and recommendations were made.

11. DELIMITATION OF STUDY:

The study could be conducted at

- a. National level
- b. Provincial level
- c. With different Age groups

But due to constraints of time resources and money the study was delimited to the

- 1. District level only
- 2. With the age group of 30-50 years

12. ANALYSES AND PRESENTATION OF THE DATA

Table No 1 Marital status of Working and Non Working Females

Job status	Marital Status	Percent	
Non Working	Married	72.8	
	Unmarried	27.2	
	Total	100.0	
	Married		
Working		41.6	
	Unmarried	57.6	
	Total	100.0	

Table 1 reveals that that 72.8% non working females were married and 27.2% were unmarried. And 41.6% working ladies were married and 57.6% were unmarried. Graphically it can be as above.

Table No 2: Age of Working and Non Working Females

Job status	Age Group	Percent
Non Working	30-40year	47.2
	41-50year	52.8
	Total	100.0
Working	30-40year	40.8
	41-50year	59.2
	Total	100.0

Table 2 indicates that 47.2% of non working females were from the age group 30-40 years and 52.8% were belong to age group 41-50 years. Whereas 40.8% working ladies were of 31-40 years and 59.2% were in age group of 41-50 years.

Table No 3: Body weight wise Working and Non Working Females

Job status	Body Weight	Percent
Non Working	Less than 50kg	18.4
	51-60kg	36.0
	61-70kg	23.2
	71-80kg	22.4
	Total	100.0
Working	Less than 50kg	24.8
	51-60kg	34.4
	61-70kg	32.0
	71-80kg	8.8
	Total	100.0

Table 3 shows that weights of 18.4% non working females were less than 50kg, 36.0% were 51-60kg, 23.2% were 61-70kg and 22.4% were more than 71-80 kg. Similarly weight of 24.8% working ladies were less than 50kg, 34.4% were 51-60kg, 32.0% were 61-70kg and only 8.8% were 71-80 kg

Table No 4: Work/Job Type of Working Females

Job status	Nature of Job	Percent
Working	Labor	34.4
	Doctor	5.6
	Teacher	33.6
	Engineer	6.4
	Any other	20
	Total	100.0

Table 4 shows different nature of work/Job of working females. 34.4% were doing different labor jobs 5.6% working ladies were doctor, 33.6% were teachers, 6.4% were Engineers, 54.4% work in other professions.

Table No 5: Academic qualifications of Working and Non Working Females

Job status	Qualification	Percent
Non Working	Illiterate	52.8
	Metric	36.0
	Graduate	11.2
	Total	100.0
Working	Illiterate	3.2
	Metric	36.8
	Graduate	40.8
	Master	17.6
	Above master	1.6
	Total	100.0

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Table 5 shows that Academic Qualification of 52.8% house wives were illiterate, 36.0% were metric qualified, and 11.2% were graduate, and 3.2% working ladies were illiterate, 36.8% were metric, 40.8% were graduate, 17.6% were master and 1.6% were above masters.

Table No 6: Heart Diseases among the Working and Non Working Females

Job status	Response	Percent
Non Working	No	84.4
	Yes	10.6
	Total	100.0
Working	No	94.4
	Yes	5.6
	Total	100.0

Table 6 shows that 84.4% non working ladies were not facing heart disease and only 10.6% suffered from heart disease. Whereas in case of working females 94.4% were not suffering from heart diseases but only 5.6%.

Table No 7 Cancer among Working and Non Working Females

Job status	Response	Percent
Non Working	No	96.0
	Yes	4.0
	Total	100.0
Working	No	98.4
	Yes	1.6
	Total	100.0

Table 7 shows that 96.0% of non working females were not suffering from cancer and only 4% were facing this disease, similarly 98.4 % of working ladies were not suffering from cancer, but only 1.6%.

Job status	Response	Percent
Non working	No	77.6
	Yes	21.6
	No response	0.8
	Total	100.0
Working	No	86.4
	Yes	13.6
	Total	100.0

Table No 8: Kidney problems among Working and Non Working Females

Table 8 reveals that 77.6% of non working females were not facing the kidney problem and 21.6% were facing this problem, while 86.4% working females were not facing the problem and 13.6% were facing the kidney problem.

Table No 9: Asthma among Working and Non Working Females

Job status	Response	Percent
Non working	No	75.0
	Yes	25.0
	Total	100.0
Working	No	94.4
	Yes	5.6
	Total	100.0

Table 9 indicates that 75% non working females were not suffering from asthma and 25% were suffering from the disease, while working ladies 94.4% had not faced the problem and 5.6% were facing.

Job status	Response	Percent
Non Working	No	58.4

Table No 10: Stomach problems among Working and Non Working Females

No	58.4
Yes	40.0
No Response	1.6
Total	100.0
No	71.2
Yes	28.8
Total	100.0
	Yes No Response Total No Yes

Table 10 indicates that 58.4% non working females were not facing stomach problems and 40% were facing the problem, while 71.2% working ladies were not suffered from the disease and 28.7% were facing the problem of disease.

Table No 11: Blood Pressure among Working and Non Working Females

Job status	Response	Percent
Non Working	Normal	15.6
	High Blood Pressure	53.6
	Low Blood Pressure	30.8
	Total	100.0
Working	Normal	70.4
	High Blood Pressure	22.4
	Low Blood Pressure	7.2
	Total	100.0

Table 11 indicates that 15.6% non working women were having normal blood pressure, 53.6% were with high blood pressure and 30.8% had low blood pressure, while 70.4% working ladies had normal blood pressure, 22.45 high, and 7.2% had low blood pressure.

Table No 12: Females Suffering from Leucorrhea

Job status	Statement	Percent
Non Working	No	76.0
	Yes	24.0
	Total	100.0
Working	No	64.8
	Yes	35.2
	Total	100.0

Table 12 shows that 76% house wives had no leucorrhea problem, 24% had the problem, while 64% working ladies had no leucorrhea problem and 35% had the problem.

Table No 13: Gynecological Problems

Job status	Response	Percent
Non Working	No	87.2
	Yes	12.0
	No response	0.8
	Total	100.0
Working	No	74.4
	Yes	25.6
	Total	100.0

Table 13 reveals that 87.2% non working females had no gynecological problems and 12% says that they are facing. While 74.4% working ladies had no gynecological problems and 25.6% had.

Table No 14: Sometimes I feel depressed.

Job status	Response	Percent
Non Working	Strongly Agree	56.8
	Agree	32.0
	Neutral	3.2
	Disagree	7.2
	strongly Disagree	.8
	Total	100.0
Working	Strongly Agree	15.2
	Agree	52.0
	Neutral	12.0
	Disagree	19.2
	strongly Disagree	1.6
	Total	100.0

Table 14 shows that 56.8% house wives strongly agreed that they feel depressed, 32% agreed, 3.2% were neutral, 7.2% disagreed and 0.8% strongly disagreed, while 15.2% working ladies strongly agreed, 52% agreed, 12% were neutral, 19.2% disagreed and 1.6% strongly disagreed.

Job status	Response	Percent	
Non Working	Strongly Agree	63.2	
	Agree	5.6	
	Neutral	10.4	
	Disagree	6.4	
	strongly Disagree	14.4	
	Total	100.0	
Working	Strongly Agree	32.0	
	Agree	45.6	
	Neutral	1.6	
	Disagree	18.4	
	strongly Disagree	2.4	
	Total	100.0	

Table No 15 .I feel backbone pain

Table 15 indicates that 63.2% non working females strongly agreed that they feel back bone pain, 5.6% agreed, 10.4% were neutral, 6.4% disagreed, and 14.4% strongly disagreed while 32% working ladies strongly agreed, 45.6% agreed, 1.6% were neutral, 18.4% disagreed and 2.4% strongly disagreed.

Table No16: I feel muscular fatigue

Job status	Response	Percent
Non Working	Strongly Agree	56.8
	Agree	32.0
	Neutral	3.2
	Disagree	7.2
	strongly Disagree	.8
	Total	100.0
Working	Strongly Agree	15.2
	Agree	52.0

Neutral	12.0
Disagree	19.2
strongly Disagree	1.6
Total	100.0

Table 16 show that 56.8% non working females strongly agreed that they feel muscular fatigue and pain, 32% agreed, 3.2 neutral and 7.2% disagreed, 0.8% strongly disagreed while 15.2% working ladies strongly agreed, 52% agreed, 12% were neutral and 19.2% disagreed and 1.6 strongly disagreed.

Table No 17 I do my medical checkup regularly.

Job status	Responses	Percent
House wife	Strongly Agree	69.6
	Agree	22.4
	Neutral	.8
	Disagree	5.6
	strongly Disagree	1.6
	Total	100.0
Working	Strongly Agree	16.0
	Agree	12.8
	Neutral	4.0
	Disagree	50.4
	strongly Disagree	16.8
	Total	100.0

Table 17 shows that 9.6% non working females strongly agreed that they have regular medical check-up, 28% agreed, 0.8% were neutral, 51.2% disagreed and 43.2% strongly disagreed, while 43.2% working ladies strongly agreed, 29.6% agreed, 4.8% were neutral, 19.2% disagreed and 3.2% strongly disagreed.

Table No 18: I have pain in my Joints.

Job status	Responses	Percent
Non Working	Strongly Agree	9.6
	Agree	28.0
	Neutral	0.8
	Disagree	51.2
	strongly Disagree	10.4
	Total	100.0
Working	Strongly Agree	43.2
	Agree	29.6
	Neutral	4.8
	Disagree	19.2
	strongly Disagree	3.2
	Total	100.0

Tables 18 shows that 69.6% non working females strongly agreed, 22.4% agreed that have pain in their joints, 0.8% were neutral 5.6% disagreed and 1.6% strongly disagreed, while 16.% working ladies strongly agreed 21.8% agreed, 4.0% were neutral, 50.4% disagreed and 16.8% were strongly disagreed.

Table No19: I eat Meat

Job status	Response	Percent
Non Working	Daily	51.2
	Weekly	45.6
	Monthly	3.2
	Total	100.0
Working	Daily	20.8
	Weekly	68.0
	Monthly	11.2
	Total	100.0

Table 19 depicts that 51.2% % non working females eat meat daily, 45.6% eat weekly, and 3.2% eat monthly, while 20.8% working ladies eat meat daily, 68% weekly, and 11.2% monthly.

Table No 20: Tanking Egg as a source of Protein.

Job status	Response	Percent
Non Working	Daily	32.0
	Weekly	54.4
	Monthly	13.6
	Total	100.0
Working	Daily	51.2
	Weekly	44.8
	Monthly	4.0
	Total	100.0

Table 20 shows that 32% non-working females eat egg daily, 54.4% eat weekly and 13.6% eat monthly, while 51.2% working females eat an egg daily, 44.8% eat weekly and 4% monthly.

Table No 21: I Drink Milk

Job status	Response	Percent	
Non Working	Daily	28.8	
	Weekly	60.0	
	Monthly	11.2	
	Total	100.0	
Working	Daily	56.0	
	Weekly	42.4	
	Monthly	1.6	
	Total	100.0	

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Table 21 indicates that 28.8% of non working females drink milk daily, 60% drink weekly and 11.2% drink just once in a month, similarly 56% working ladies drink milk daily, 42.4% drink weekly and 1.6% drink only once in a month.

Job status	Response	Percent	
Non Working	Daily	10.4	
	Weekly	71.2	
	Monthly	18.4	
	Total	100.0	
Working	Daily	17.2	
	Weekly	78.8	
	Monthly	4.0	
	Total	100.0	

Table No 22: I eat pulses

The above table 22 indicates that 10.4% working females eat pulses daily, 71.2% eat weekly and 18.4% monthly. Similarly 17.2% working ladies ate meet daily, 78.8% weekly and 4% monthly.

Table No 23: Financial problem affect my health.

Job status	Response	Percent
Non Working	Strongly Agree	69.6
	Agree	22.4
	Neutral	.8
	Disagree	5.6
	strongly Disagree	1.6
	Total	100.
Working	Strongly Agree	16.0
	Agree	12.8
	Neutral	4.0
	Disagree	50.4
	Strongly Disagree	16.8
	Total	100.

Table 23 reveals that 69.6% house wives were strongly agreed, 22.4% were agreed and 0.8% were neutral, 5.6% were disagreed and 1.6% strongly disagreed, while 1.6% working ladies were strongly agreed, 16% were agreed, 4% were neutral and 50.4% were disagreed and 16.8% were strongly disagreed.

Job status	Responses	Percent
Non Working	Strongly Agree	49.6
	Agree	44.0
	Neutral	.8
	Disagree	4.0
	strongly Disagree	1.6
	Total	100.0
Working	Strongly Agree	47.2
	Agree	27.2
	Neutral	11.2
	Disagree	12.0

Table 24 shows that 49.6% non working females are anemic and having blood deficiency, 44% agreed, 0.8% were neutral, 4% disagreed and 1.6% strongly disagreed, while 47.2% working ladies strongly agreed, 27.2% agreed, 11.2% were neutral, 12.6% disagreed and 2.4% strongly disagreed.

Job status	Responses	Percent
Non Working	Strongly Agree	62.4
	Agree	36.8
	Disagree	.8
	Total	100.0
Working	Strongly Agree	20.0
	Agree	19.2
	Neutral	28.8
	Disagree	26.4
	strongly Disagree	5.6
	Total	100.0

Table 25 indicates that 62.4% non working females strongly agreed that they feel headache mostly, 36.8% agreed and 0.8 disagreed and while 20% working ladies strongly agreed, 19.2% agreed, 28.8% were neutral, 26.4% disagreed and 5.6% strongly disagreed.

13. FINDINGS

- 1. 72.8% non working females were married and 27.2% were unmarried. And 41.6% working ladies were married and 57.6% were unmarried. Graphically it can be as above (table#1).
- 2. 47.2% of non working females were from the age group 30-40 years and 52.8% were belonging to age group 41-50 years. Whereas 40.8% working ladies were of 31-40 years and 59.2% were in age group of 41-50 years (Table#2).
- 3. 18.4% non working females were less than 50kg, 36.0% were 51-60kg, 23.2% were 61-70kg and 22.4% were more than 71-80 kg. Similarly weight of 24.8% working ladies were less than 50kg, 34.4% were 51-60kg, 32.0% were 61-70kg and only 8.8% were 71-80 kg (Table#3).
- 4. Academic Qualification of 52.8% house wives were illiterate, 36.0% were metric qualified, and 11.2% were graduate, and 3.2% working ladies were illiterate, 40.8% were graduate, 17.6% were master and 1.6% were above master (Table#4).
- 5. Regarding the nature of work of working females, 34.4 were doing different labor jobs whereas 5.6% working ladies were doctors, 33.6% were teachers, 6.4% were Engineers, 54.4% were working in other professions (Table#5).
- 6. 84.4% non working ladies were not facing heart disease and only 10.6% were suffered from heart disease. Where as in case of working females 94.4% were not suffering from heart diseases (Table#6).
- 96.0% of non working females were not suffering from cancer and only 4% were facing this disease, similarly 98.4 % of working ladies were not suffering from cancer, and only 1.6% suffered from cancer (Table#7).
- 77.6% of non working females were not facing the kidney problem and 21.6% were facing this problem, while 86.4% working females were not facing the problem and 13.6% were facing the kidney problem (Table#8).
- 9. 75% non working females were not suffering from the asthma and 25% were suffering from the disease, while among working ladies 94.4% were not facing the problem and 5.6% were facing (Table#9).

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- 10. 58.4% non working females were not facing stomach problems and 40% were facing the problem, while 71.2% working ladies were not suffered from the disease and 28.7% were facing the problem (Table#10).
- 11. 15.6% non working were having normal blood pressure, 53.6% were with high blood pressure and 30.8% had low blood pressure, while 70.4% working ladies had normal blood pressure, 22.45 high, and 7.2% had low blood pressure (Table#11).
- 12. 76% house wives had no leucorrhea problem, 24% had the problem, while 64% working ladies had no leucorrhea problem and 35% had the problem (Table#12).
- 13. 87.2% non working females had no gynecological problems and 12% says that they are facing. While 74.4% working ladies had no gynecological problems and 35% had (Table#13).
- 14. Table 14 shows that 56.8% house wives strongly agreed that they feel depressed, 32% agreed, 3.2% were neutral, 7.2% disagreed and 0.8% strongly disagreed, while 15.2% working ladies strongly agreed, 52% agreed, 12% were neutral, 19.2% disagreed and 1.6% strongly disagreed (Table#14).
- 15. 63.2% non working females strongly agree that they feel back bone pain, 5.6% agreed and 10.4% were neutral, 6.4% disagree and 14.4% strongly disagree while 32% working ladies strongly agreed, 45.6% agreed, 1.6% were neutral and 18.4% disagreed and 2.4% strongly disagreed (Table#15).
- 16. 56.8% non working females strongly agreed that they feel muscular fatigue and pain, 32% agreed, 3.2 neutral and 7.2% disagreed, 0.8% strongly disagreed while 15.2% working ladies strongly agreed, 52% agreed, 12% were neutral and 19.2% disagreed and 1.6 strongly disagreed (Table#16).
- 17. 9.6% non working females strongly agreed that they have regular medical check-up, 28% agreed, 0.8% were neutral, 51.2% disagreed and 43.2% strongly disagreed, while 43.2% working ladies strongly agreed, 29.6% agreed, 4.8% were neutral, 19.2% disagreed and 3.2% strongly disagreed (Table#17).
- 18. 69.6% non working females strongly agreed, 22.4% agreed that have pain in their joints, 0.8% were neutral 5.6% disagreed and 1.6% strongly disagreed, while 16.% working ladies strongly agreed 21.8% agreed, 4.0% were neutral, 50.4% disagreed and 16.8% were strongly disagreed (Table#18).
- 19. 32% non-working females eat egg daily,54.4% eat weekly and 13.6% eat monthly, while 51.2% working females eat an egg daily, 44.8% eat weekly and 4% monthly (Table#19).
- 28.8% of non working females drink milk daily, 60% drink weekly and 11.2% drink just once in a month, similarly 56% working ladies drink milk daily, 42.4% drink weekly and 1.6% drink only once in a month (Table#20).
- 21. 512% non working females eat meat daily, 45.6% eat weekly, and 3.2% eat monthly, while20.8% working ladies eat meat daily, 68% weekly, and 11.2% monthly (Table#21).
- 22. 10.4% working females eat pulses daily, 71.2% eat weekly and 18.4% monthly. Similarly 17.2% working ladies eat pulses daily, 78.8% weekly and 4% monthly (Table#22).
- 23. 69.6% house wives strongly agreed that financial problems affect their health, 22.4% agreed and .8% were neutral, 5.6% disagreed and 1.6% strongly disagreed, while 1.6% working ladies strongly agreed, 16% agreed, 4% were neutral and 50.4% disagreed and 16.8% strongly disagreed (Table#23).
- 24. 62.4% non working females strongly agreed that they feel headache mostly, 36.8% agreed and 0.8 were disagreed and while 20% working ladies strongly agreed 19.2% agreed 28.8% were neutral and 26.4% disagreed and 5.6% strongly disagreed (Table#24).
- 25. 49.6% non working females are anemic and having blood deficiency, 44% agreed and 0.8% was neutral, 4% disagreed and 1.6% strongly disagreed, while 47.2% working ladies strongly agreed, 27.2% agreed, 11.2% were neutral and 12.6% disagreed and 2.4% strongly disagreed (Table#25).

14. CONCLUSIONS

Following are the major conclusions of the study.

- It is concluded that majority of non working females are married at the age of 31-50 years while majority of working ladies age group are unmarried
- It is concluded that most of the non working females are overweight and illiterate. Whereas the working females are literate.
- It is also concluded that heart diseases are less common in non working females and the disease which is more common among the non working females is backbone pain (i.e. 88%)
- Data also shows that different kinds of cancer, kidney problems, joints Pain Depression, Headache, Blood Pressure (Low or High), asthma, stomach problems, and blood deficiency are more common among the non working females as compared to working females. Whereas working women reported more Gynecological problems leucorrhea.
- It is also concluded that majority of non working females are suffering from nutritional deficiency they eat egg ,drink milk and vegetable less frequently as compared to working females.

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• It is concluded that majority of the working females can manage their regular medical checkups and medication more easily as compared to non working females. Spending on female health is second priority for non working females.

15. **RECOMMENDATIONS**

To improve the health of women in a better and effective manner, the following suggestions are made on the basis of the findings of the study.

- The health departments/Ministries may start female health awareness programs through media to sensitize female health as an important family issue and to give them a concept of balanced diet.
- Seminars may be organized in female college and schools to give awareness of importance of female health.
- Guidance programs may be organized to improved women's health and to inform the females about different diseases, their causes especially common female problems i.e. cancer, kidney problems, joints pain, Depression, Headache, Blood Pressure (Low or High), asthma, stomach problem ,Gynecological problems, blood deficiency and leucorrhea etc.
- Family may arrange regular checkups for their female members and may focus on their balanced diet.
- This study may be conducted to the other parts of the country.

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