Research Paper

Perception of Nutrition among Working Women: An Observation

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ABSTRACT

This study is carried out to check the level of nutrition awareness of women living in urban areas of the Ahmadabad. The objective of this investigation is to determine nutrition awareness among working women. It gives an observation on dietary pattern and the impact of socio-economic condition towards the perception of nutrition of working women. It may be concluded on the basis of the observation from the virtual survey that awareness and socio economic condition plays important role in their perception of nutrition.

Keywords: *Nutrition awareness, working women, socio economic condition.*

Nutrition is defined as the study of vitamins in food, how the body utilizes them, and the correlation between diet, health, and disease. Nutrition knowledge and positive attitude impact in dietary practices. Inadequate diet habits lead to the development of chronic non-communicable diseases and malnutrition. Nutrients give nourishment. Proteins, carbohydrates, fat, vitamins, minerals, fiber, and water are all nutrients. In terms of the population's wholesome nutrition, women have a special place. While preparing meals for her family, the mom breastfeeds the newborn kid. The bulk of workers in food production, trade, public catering, fitness care, and training are women. Public fitness also depends on women's understanding of issues related to healthy nutrition.

The socioeconomic status and health of women has a big impact on the health of their children and, consequently, the following generation. There is a correlation between a mother's educational level and the birth weight of her child: the greater the level of education, the larger the birth weight. Low birth weight Anemia in newborns is well recognized to cause delays in growth and development. This ultimately determines society's potential on both an intellectual and physical level. It is detrimental to society's long-term health if the mother has a low body mass since the infant will follow the same path. Iron deficiency may affect both the mother and the infant if she is unaware of correct nutrition and care. Women who are unaware of basic nutrition will not prepare meals for their family members in a healthy way. She must be healthy in order to work, as only then can she give the country her best effort.

A vital component of health and development is nutrition. Stronger immune systems, safer pregnancies and deliveries, a decreased risk of non-communicable diseases (including

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diabetes and cardiovascular disease), and longer life spans are all associated with better nutrition. The sex ratio is defined as the proportion of females to males per 1000. The sex ratio can be used to calculate the proportion of women to men in India as well as the country's female population. According to the most recent National Family Health Survey, there are 1,020 females for every 1,000 males in India (Sarwal, 2022). According to the 2011 Population Census, there were 940 females for every 1000 males in India. The Sex Ratio 2011 indicates an increasing trend based on data from the census of 2001. For every 1000 males, there were 933 females, according to the 2001 Census. Although there has been a slight increase in the past 20 years, India's sex ratio has been declining for decades.

Women are essential members of the home, the workplace, and society. Every age group of women had different lifestyles and workloads, which could result in a range of degrees of health and fitness. The majority of Indian women used to be uneducated, reserved, and only involved in household duties, but today's women are pursuing higher education and working in a range of occupations. In India, the employment rate for women was about 19% in 2020, down from almost 30% in 1990. One important indicator of the size of the labour force in the economy is the labour force participation rate.

Reasons why are women's dietary requirements different from men
It's important to understand that due to physical differences, men and women have different nutritional requirements. Hormonal changes brought on by menstruation, childbirth, and menopause increase the risk of anaemia, osteoporosis, and nutritional deficits in women. As a result, it's critical for women to consume calcium, vitamin D, B vitamins, and iron-rich foods in order to preserve bone health and avoid anemia. Due to age and motherhood, women tend to lose more lean muscle mass over time.

Women's malnutrition in India
Malnutrition affects women in a variety of ways. According to our analysis of NFHS-4 data, a third of women of reproductive age (between 15 and 49 years) are undernourished, having a BMI of less than 18.5 kg/m2. Anemia affects around half of all women of reproductive age (51.4%). One in five adult women in India (22%) is overweight, which is cause for concern.

Women in India suffer from high rates of malnutrition, which reduces their potential for productivity, disease resistance, and revenue generation. According to the, India continues to face difficulties with regard to accessing affordable, high-quality, and safe food. India is ranked 71 out of 113 nations in this category (Dikshit Poudel, 2021).

Anemia among reproductive women between the ages of 15 and 49 has climbed to 57.2% in most states, up from 49.7% in the (Amitha Puranik, 2021) study. This poses a serious threat to human health and wellbeing and shows how important it is for us to achieve proper nourishment (Himani Sharma, 2018). Insufficient uptakes, decreased absorption and utilization, extreme losses, or a combination of these factors can cause deficiencies of micronutrients such as Iron, Vitamin A, Zinc, etc. It gets worse during periods of greater physiological demand, such as infancy, pregnancy, nursing, and the recovery phase after an illness.

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Socio-economic status affects the women's health
The social rank or class of a person or a group is referred to as their socioeconomic status. It is frequently calculated using information on employment, income, and education. Disparities in resource availability are typically found when socioeconomic status is examined, along with worries about privilege, power, and control. In addition to income, socio-economic status also takes into account financial stability, educational level, and subjective assessments of social standing. The term "socioeconomic status" can be used to describe a person's standard of living as well as their opportunities and advantages in society. According to study, socio-economic status is a crucial factor in defining the quality of life for women and has a substantial impact on children's and families' lives as well. Inequalities in women's wealth and standard of living have long persisted on a local and international level. The considerable inverse connections between SEP and the probability of early death and disease are referred to as the "social gradient of health." According to the report, low-income women had worse physical and emotional health, according to Chelsea Keenan of The Gazette. When women's income and educational levels fall, so does their access to healthcare. The food choices people make are influenced by a range of socioeconomic and cultural factors, and consumption patterns in this diverse society are likely to change with the seasons, the availability of different food categories, and the costs of the food products.

Psychological Wellbeing of Women
There is growing proof that poorer socioeconomic position is associated with detrimental psychological health outcomes in women. Pregnant women with low incomes exhibit much more signs of depression, suggesting that their third trimester is more stressful for them (D Saldanha, 2010). More unpleasant life events, precarious housing tenure, ongoing stressors, and lower levels of social support are common among women who work in unstable, low-status jobs with little to no decision-making authority. A low employment rank is closely associated with depression (WHO, 2013). The prevalence of sadness and anxiety among poor women in emerging nations going through restructuring are significantly greater (WHO, 2013).

Women have various responsibilities and as working women, they have to manage their work life and personal life (Anju katewa, 2018). The aim of this study was to learn about the nutritional status of working women in Hisar, Haryana. From various areas, such as bankers, doctors, college professors, and school teachers, 50 women were selected from each sector. A total of 200 working women were chosen for the study. A purposive sampling technique was in use for sample selection. To measure their nutritional status, their BMI was calculated. The data reflects that 54% of working women were under the normal weight range. But 24% of women were overweight. Although it showed that they have good knowledge of nutrition.

The purpose of this research was to evaluate the nutrition status of working women in Kashmir in comparison with the rural and urban population (Sumeeza Majied, 2016). A total of 100 female employees were selected for this study; out of them, 50 working women were from rural populations, and the other 50 female employees were from urban populations. A cross- sectional study was done for the research. A structured questionnaire was prepared for the data collection. The results of this study show that urban and rural working women's

forces were not doing exercise regularly. Rural and urban female laborers both admitted to skipping meals on occasion. The ratio of checking food labels while buying food products by urban and rural women was 37% and 35%, respectively (Meenakshi Mathur, 2015). The investigation was conducted to examine the food habits and nutritional condition of women working in call centers. Purposive sampling method was used for the research. 200 working women were taken for study from Ahmadabad, Bangalore, Mumbai and Noida. 50 women were selected from each city. Anthropometry measurements were recorded including the weight and height to evaluate the nutritional status of women employee in the call centers. What they eat in 24 hours was considered for checking the diet pattern. The results of the finding shows that many of the respondents were obese and overweight. They were taking more cereal and carbohydrates but were taking less vegetables and fruits also; they are not taking adequate milk and milk products. In addition, they were consuming more junk food (Krutika C. Gangde, 2015). The study was performed to speculate the nutritional aspect of working women. Total 120 women from different fields such as parlor, tuition classes, bank, school teachers etc were selected. For data collection survey method was used in which observation method and interview method were included. Age of 25 to 50 years working women group were decided for study. This study included nutritional perception as well as family background. In addition, women's physical, mental and social problems were studies in this research. 49.17% working women has good understanding of nutritional diet and 54.17% working women had high acceptance of nutrient food. Many women faced depression (4%). Results also depicted that knowledge of nutrition and attitude was greatly influenced factors for taking nutritional foods by working women. The purpose of this study was to know the socio-economical background of working women, who works in organized sectors in Bangalore city of Karnataka state (Asha L, 2014). The Socio-economic profile included working women's age, type of work, education, marital status and their attitude towards work. Questionnaire was made for data collection. The stratified random sampling technique was used. 280 working women were selected from various field such as nurses, bank employers, Teachers and 'D' group employees has been taken. Randomly samples were collected. Findings of the study reveals that mostly (80%) working women were belong to 18 to 36 years age group. Almost they were married. Their family size was small restricted to 1 to 4 members. Their educational level is good so they possess better jobs. Moreover, data depicted that they belonged from lower strata of the society.

An analysis was performed to know a level of nutrition knowledge (SABRY, 1984). Random sampling method was used in this study. 210 random urban women were personally interviewed to check their level of nutrition knowledge, potential nutrition information sources and demographic characteristics. The doctor was often mentioned by women who had low socioeconomic status, were young, and had low nutrition knowledge scores. The level of nutrition knowledge was negatively associated with the women's socioeconomic status and educational level.

The goal of this discovery was to assess women's perceptions of food labels, nutritional information, and their connections (Ahmadi, 2013). Three hundred and eighty women from four different supermarkets in Shiraz were chosen to determine their nutritional status. For data gathering, face-to-face interviews were conducted. A cross-sectional investigation was conducted. The study's findings showed that women had little knowledge of nutrition and had an average of just approximately 50% of the information on dietary components. Their nutritional data and educational status were both relevant to the Lebel application.

Perception of Nutrition among Working Women: An Observation

Examining how women are represented in nutrition-related knowledge and practise was the goal of this study (Permani C. Weerasekara, 2020). 400 women in the reproductive age range (19-49 years) were chosen for the study. KAP model questionnaire was used in a cross-sectional investigation. Random sampling method was used for data collection. The outcome of the research shown that mostly women had good nutrition knowledge but low level of application of healthy diet (Sucharita Sen, 2016). This study sought to understand metropolitan women's nutritional status and identify the contributing elements. A total of 550 women were chosen at random for the study. Age restrictions ranged from 18 to 60. This was carried out in Pune and Mumbai. To determine the nutritional status, BMI was used. A pre-validated questionnaire was utilized to gather information on eating habits and other parameters.

The finding shows that 48% women were having normal BMI, 44% was overweight and 8% women were underweight. It may be demonstrated that women's nutritional status and income levels are associated. Eighty percent of responders came from the middle class. Consumption of fruits and vegetables, as well as junk food, was found to be strongly related to the respondents' BMI status. The type and intensity of exercise these women choose was also linked to their BMI. The amount of alcohol they consumed had no effect on their nutritional state.

The analysis was undertaken to gain knowledge about dietary pattern and stress level among working women in Coimbatore (Lakshmi Praba, 2021). For that age group of 25 to 40 years aged 100 working women were selected randomly. Data collection was done by interview method. 28% of women were overweight and 28% were obese, only 6% of women were underweight and 38% were normal BMI. Moreover, findings showed that women were having deficiency of intake of energy, protein, fiber, iron and calcium. Fat intake was higher in women. 72% of women feel stressed and 28% women were feeling high stress. Conclusion of this study was that stress level is high and nutritional status is low. There is no relationship between nutrient intake and stress level.

This study was conducted to learn more about the eating habits of working women in the Himachal Pradesh district of Hamirpur (Bharti, 2018). This study also exposes eating habits and practises that affect the nutritional status and general health of working women. 50 women were chosen to participate in the study. Purposive sampling was employed for the study. Semi-structured questionnaires were employed to collect the data, and the 24-hour recall diet approach was applied. According to the study's findings, 74% of women were vegetarians. Women commonly believed vegetarian food to be healthier than non-vegetarian meals. The results of this study showed that lower socioeconomic working class women had a poor nutrient intake of food in their diet, consuming little fruits, fats, and energy.

Anthropometric measurements were used in this study to assess women's nutritional status. Selected women's socioeconomic level was also determined (BHOYAR, 2014). 360 women between the ages of 35 and 50 who reside in the Parbhani town in the Maharashtra state were chosen using stratified random procedures. Baseline survey, diet survey assessment was used. It is observed that 60.5% working women were illiterate. A large percentage of working women had a college education. Vegetarians made up about three-quarters of the sample, while non vegetarians made up the remaining one-fourth. Families with incomes ranging from $5,000 to $10,000 made up the majority of the population. Working-class women in city were found to be underweight (33.33). Finally, it can be noted that all of the women chosen from the Parbhani area were anaemic and underweight. As a result, all of

these data point to the importance of nutritional education, which will help people improve their health and nutrition.

This research was conducted to determine the nutritional condition of women in Gujarat's urban and semi-urban areas (Bhrugu Yagnik, 2016). A cross-sectional research of 605 women (aged 18 to 50) from urban and semi-urban districts of Gujarat, Western India, was conducted. The proportion of women who were underweight, overweight, or obese was calculated using the BMI scale. According to geography (urban or semi-urban) and occupation type, the study was stratified (students, housewives, working women). Students from urban areas had a mean BMI that was higher (21.4) than those from semi-urban areas (BMI: 19.8). Homemakers in the urban area had much lower BMIs than those in the semi-urban area (BMI 26). (24.7). Women who were employed in both areas had similar BMIs. Students in the semi-urban area were more likely to be underweight (43.60%) than those in the urban area (19%).

In the semi-urban zone, 41 percent of homemakers were overweight or obese, but in the urban region, it was 31 percent and 12 percent, respectively. According to the study, obesity and malnutrition were found to coexist in Gujarat's semi- urban area.

These two nutritional health problems are growing more prevalent in our nation's burgeoning urban areas (Tripathi, 2018). This study was conducted to check nutritional knowledge of working women and non-working women. The 24-hour recall method was used in order to collect the data. A total of 100 women were taken, out of them; 50 women were working and 50 women were non-working from Jabalpur city. The technique of random sampling was applied. By using a self-structured questionnaire, general information was gathered on their work type, working hours, family structure, and medical history. Anthropometric measures used as research instruments. The results show that working women (22.21) had a significantly higher Basal Metabolic Index than non-working women (21.65). Non-working women consumed more cereal, fruit, and milk than working women. Working women consumed more nuts/oil, sugar, and other veggies than women who did not work. Working women also consumed much more energy, carbohydrate, and fat, but significantly less calcium and fiber, than non-working women. Working women should choose their meals carefully, and a nutritional awareness program emphasizing healthy food choices should be implemented throughout society.

The focus of the research was to determine the body composition, nutritional consumption, and frequency of physical activity among sedentary adult women of various ages (H. Jain, 2003). A cross-sectional study on 152 sedentary adult women was conducted by students and instructors from Punjab Agricultural University in Ludhiana. Women in four age groups—those aged 21–30, 31–40, 41–50, and 51–60—were studied to determine the relationship between their body composition, dietary factors, and degree of physical activity. Weight, waist circumference, hip circumference, BMI, fat mass, and visceral fat score are anthropometric and body composition measures that steadily rise with age. Although all age groups had insufficient calorie intake, there was a considerable disparity in daily energy consumption between them. Their diets were heavy in fat but poor in protein. The majority of the respondents, regardless of age, led sedentary lifestyles. Combining a high-protein, low-fat diet with exercise can help you maintain your ideal body composition (Kathleen M. Zelman, 2020). The number of calories needed to maintain energy balance for individuals of various ages and genders who exercise at three different intensities. The numbers were

computed based on the Institute of Medicine formula and rounded to the nearest 200 calories.

This study aimed to understand how working women perceived nutrition. The analysis is based on individual level data by using the virtual questionnaire method. For this study, 60 working females, aged between 20 to 50 years were selected. Many women start doing jobs at the age of twenty. They face many problems related to their diet and health. According to this study, it is clear that respondents have good qualifications. They are mostly women, who work in private companies. Also, some women work in the public sector as well as the self-employed. It is observed that after marriage, there are many women who are contributing to the nation and not giving up. Women also manage their children and work life. When they were asked about their opinion about nutrition, they believe that a healthy life-style, eating healthy food, strong immune system is considered nutrition. They even check food labels on food products before purchasing that. It shows awareness. However, some women are not sure about it. It is necessary to check whether that product is on expiry date, veg, non-veg tag any more thing. Moreover, mostly women wash vegetables and fruits before consuming. To know the dietary patterns of working women, they were asked questions like how many meals they took per day. They take healthy food in their breakfast, lunch and dinner like tea- milk, coffee, paratha, bread, oats and others.

At lunch and dinner their meal is Chapati sabji, salad, dal rice. Someday they take oats and paratha or light food. It shows that they are concerned about their health and eat a healthy diet. Also, they eat beans and seasonal fruits on a regular basis. However, they skip their meal due to work load. Some women take supplements for nutrition.

Women prefer homemade food that shows that homemade food is really good health. Outside food may invite diseases. Drinking milk is good for your health as it gives you calcium. But half of respondent drink milk daily. Some women include non-vegetarian food in their diet. Protein will be gained from non-veg food. From the study, it is understood that most live in nuclear families of two to four family members. But also, there are some families who live in joint families. From the respondents, it is seen that the father and husband are the heads of the family. Women work for eight to nine hours to help their families, be independent and contribute to society. There are some women suffering from low blood pressure, low hemoglobin, and other conditions. They even feel stressed about managing their personal and professional lives. It is proved that having good education and knowledge of nutrition helps to put nutrition into practice. Socio- economic factor is also one of the factors that affect the food choice of respondents. Indeed, work stress affects the diet of respondents but there are women who think that little stress is good for giving best to accomplish the work.

The objective of the research is to understand the perception of nutrition among working women in Ahmadabad, Gujarat. It is to provide insight on the dietary pattern of working women.

Research Design
In this study, the descriptive design has been used, which included virtual surveys and various types of fact-finding inquiries. The descriptive study approach is thought to be the best for examining the perception of nutrition. The sample selection process is based on purposive sampling. The questionnaire survey approach was used to acquire primary data for the study. Perception, working women, socio-economic status, nutrition, and health are

key terms of this study. Working women, marital status, occupation, type of job, diet pattern, income, and number of dependents are variables under this study. Data entry, processing and analysis were done through appropriate qualitative and quantitative methods of data analysis. MS office – EXCEL and Google Analytical were used to derive the perception of nutrition among working women in Ahmadabad city. The findings of the survey collected through circulating Google survey form to women who are working and living in the city of Ahmadabad. A total of 60 working women were selected purposively to participate in this study. The primary data was collected through virtual form. Women, who are working and living in Ahmadabad, were selected for the study. It was decided to use a questionnaire to collect the information. The type of questioning used was structured and purposive sampling. The questionnaire was created using the data gathered and examines differences in nutrition, socioeconomic position, and health. Total 60 women were selected for the analysis.

The study's sample size is 60 responders The 60 respondents were taken from various parts of Ahmadabad. The age limit of the respondents was being 20–50 years old working women. The data were collected in the month of January 2021.

Observations on the basis of the responses received
1. The age of respondents, where, 48% of women are from the age group of 20-25 years, which is a higher ratio of the respondent. Moreover, it is clearly seen that, only 8%, 3% and 5% of respondents work in the age of 31-35, 36-40 and 41-45 years, respectively.
2. The percentage of qualification of respondents. There are 37% of the women who are graduates, which is the highest proportion of data, and 33% of women have studied masters. It is clearly observed that only 5% of women have qualified the post-graduation. On the one hand, 22% of women completed the diploma; on the other hand, only 5% of working women have accomplished the post-graduation.
3. The marital status of working women. Out of 60 respondents, 22 female employees are married, which is 36.7%, and 39 female employees are unmarried,which is 65%.
4. The percentage of the number of children of respondents. 70% of women don't have any children. 15% of women have one child as well as 12% of women have 2 children. In addition, only 3% of women are having three children.
5. The preceding diagram describes the opinions of working women towards nutrition. For mostly females, a healthy lifestyle is nutrition, which is 61.7%. Out of 60 respondents, only 10 women, or 16.7% of females, think that nutrition is all about the absence of dieses.
6. Moreover, 50% and 45% of women have the opinion that eating healthy food daily and having a strong immune system is nutrition, respectively. In addition, 23.3% of female employees believe that maintaining body weight is nutrition according to them. Additionally, 23.3% of women consider nutrition as maintaining body weight. Daily exercise and water and minerals are nutrition, is believed by 26.7% and 28.3% of women, respectively.
7. Percentage of label checking before purchasing food item, women who take note of labels attached to food, is 75%. There are 23% of women, who are not sure about checking the tag on food items. Only 1.7% of women don't check the label before purchasing the foodstuff.
8. It is clearly seen that mostly working women wash fruits and vegetables before consuming them. Only 5% of women wash their eatable things sometimes.43.3% of women take meals 2 times as well as 41.7% of females are likely to have meals 3

times in a day. In a day, 6.7% of women take their meal only for one time. Moreover, 8.3% of women take food 4 times a day. Most women, 88.3% of females, prefer home-made food. In opposite, 11.7% of women prefer to eat outside food. The habit of eating outside food in a week says that 8.3% of women consume outside food more than four times in a week. One-fourth of women are likely to eat outside food once a week. In addition, a large number of women, 46.7%, like to have hotel food rarely in week. 20% of women eat outside food in a week.

11. In answer to what they eat in breakfast, Tea-coffee with 2-Chapati is consumed by 52 percent of women. In the morning munchies, the same proportions of women eat oats and drink milk. In addition, 15.3% of women eat two eggs or egg products with milk in the morning. Working women consume poha and milk in the morning at a rate of 7%. Moreover, breakfast is skipped by 3%. Two chapatis and tea-coffee provide 144 calories to women. 398 calories come from a glass of milk and two eggs. Moreover, milk and oats supply 557 calories, whereas milk and poha provide 500 calories.

12. 3% of women skip their lunch. The highest number of women, 58%, eats 4 Chapati and sabji in the noon that gives 434 calories. The second highest number of women consumes full meal- dal rice and sabji Chapati, 27%. There are 12% of women take 3 Chapati sabji with salad in the lunch. Additionally, 372 calories they are taking from three chapati with salad. Dal rice and sabji with two chapati provides 582 calories. 53% of women eat a full meal at dinner as they consume dal rice and two Chapati sabji. 37% women eats four Chapati sabji as well as dal rice. Further, 7% of women like to eat oats and two parathas in the dinner and 3% of women avoid taking dinner, 56.7% of women do not skip their meal but 43.3% of women skip their meal in a day.

16. It is observed that, 53.3% of respondents don't miss their meal in a day. 2% women skip their meal due to maintaining metabolism. 8.3% of women skip their meal in a day, due to stress,. Moreover, mostly working women skip their meal because of work load. There are women who skip their meals to maintain body weight, 10%.Women who weighs 46-55 kg   account for 28% of the female population. Only 5% of those polled have a weight range of 76 to 85 kg. Weights of 35 to 44 kg and 56 to 65 kg are found in 22% and 25% of women, respectively. 66-75 kg is the weight of 20% of women. The practice to take supplements for nutrition or maintaining their body weight, only 10% of women take supplements and 90% of women don't consume the supplements to maintain body weight or for nutrition.

19. 31.7% of working women avoid specific kind of food due to health concerns. 25% of respondents are not sure whether they keep away from some kind of food. In addition, 43.3% of women do not avoid any food. The above pie chart depicts data about the beans eaten by respondents in a week. 35% of women eat beans twice a week, which is the highest proportion. The lowest proportion is 1.7% that shows women eat beans four times a week. There are women, who do not consume beans, which is 28.3%. 23.3% and 11.7% of women eat beans once as well as thricea week.

20. The consumption of milk on a daily basis. Milk is not consumed by half of the responders on a daily basis. Only 26.7 percent of working women consume milk daily. The percentage of people who eat non-vegetarian food 43.3 percent of women, whereas non-vegetarian foods are avoided by 56.7 percent of women.40.7 percent of women eat non-vegetarian food at least once a week. Non-vegetarian foods are consumed twice a month by 25.9% of women. Non-vegetarian meals are consumed by 29.6% of women on a monthly basis. A non-vegetarian food is preferred by 3.7 percent of women twice a month.

23. The percentage of people who eat seasonal fruit on a regular basis is 63.3% . There are women who eat fruits, sometimes, 26.7%. 10% of women don't really consume seasonal fruits on a constant schedule.

24. The data shows that working women have or have not any source of earning besides their job. 81.7 percent of respondents claim they have no other source of income or work beyond their current Job. However, 18.3 percent of women said they have additional sources of income.

25. According to the research, the majority of working women live in nuclear families. In 55 percent of cases, they had two to four family members. 8% of women, on the other hand, live with eight to ten family members. Three-quarters of women (37%) have five to seven family members.

26. The percentage of the family's major earners is depicted that in the majority of families, the father is the family's leader, 58%. After father, husband is the main earning member of the family, which is 30% of major earner. 5% of women are running the household. 2% and 5% of the family's income head is mother and brother, respectively.

27. 60% of women earn up to Rs 25000 per month. 36.7 percent of respondents earned between Rs 25,000 and Rs 50,000. 3.3 percent of women earn between Rs 50,000 and Rs 1,000,000.

28. 78.3% of women respondents work in private sector, 11.7 in the public sector. In addition, 10% of women are self- employed. 68% of women work seven to nine hours a day. 22 percent of respondents worked for four to six hours. Only about ten percent of women work ten to thirteen hours every day.

29. Out of all respondents, only 10% women have serious to moderate health issue. 90% of women have minor health issue. It is seen that 90% of women are in good health. Polycystic Ovarian Disease (PCOD) affects 3% of women. There is same proportion, 2% of women suffering from Low hemoglobin, blood pressure, migraine and hypothyroidism.

31. 41.7 percent of women are worried out about balancing their job and personal lives, whereas 31.7 percent are not. 26.7 percent of females are unclear about whether or not they are stressed about managing their personal and professional lives. 40% of women believe that work stress has a consequence on their nutrition. 41.7 percent of women believe that work stress has no impact on their diet. 18.3% of working women are unaware whether work stress has an impact on their eating.

CONCLUSION

The women are now becoming more concerned about understanding their health issues and nutrition as they are essential member of the home as well as workplace.

They understand the value of maintain healthy lifestyle through healthy eating habits. The economic status plays important role in sustaining the healthy life style. The healthy eating habits and life style necessarily does not depend on economic status and high earning. Healthy eating habits depends on the perception of the nutrion which may vary according to their perception and value to nutrion in life.

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