

**WORK-LIFE BALANCE AMONG WOMEN IN THE
PARAMEDICAL SECTOR: A STUDY WITH SPECIAL
REFERENCE TO TRIVANDRUM**

Dissertation Submitted to

St. Teresa's College (Autonomous),

(Affiliated to MAHATMA GANDHI UNIVERSITY, Kottayam)

In partial fulfillment of the requirement of the degree of

MASTER OF ARTS IN ECONOMICS

By

SNEHA REJI

Register No; AM21ECO016

UNDER THE GUIDANCE OF

DR. SWATHY VARMA P.R

ASSISTANT PROFESSOR

DEPARTMENT OF ECONOMICS

ST. TERESA'S COLLEGE

ERNAKULAM



MARCH 2023

CERTIFICATE

This is to certify that the dissertation titled “**WORK-LIFE BALANCE AMONG WOMEN IN THE PARAMEDICAL SECTOR: A STUDY WITH SPECIAL REFERENCE TO TRIVANDRUM**” submitted to partial fulfillment of the requirement of **MA DEGREE IN ECONOMICS** to **ST. TERESA’S COLLEGE (Autonomous)** affiliated to **MAHATMA GANDHI UNIVERSITY, KOTTAYAM**, is a record of bona fide research work done by the candidate under my supervision and guidance.

HEAD OF THE DEPARTMENT

DR. MARY LIYA CA

Guide and Supervisor

DR. SWATHY VARMA P.R

DECLARATION

I hereby declare that the dissertation titled “**WORK-LIFE BALANCE AMONG WOMEN IN THE PARAMEDICAL SECTOR: A STUDY WITH SPECIAL REFERENCE TO TRIVANDRUM**” submitted by me for the MA Degree in Economics is my original work.

Signature of the Supervisor

Signature of the Candidate

PLAGARISM RECEIPT

ACKNOWLEDGEMENT

I begin my acknowledgement by thanking God Almighty whose has given me all suitable opportunities in helping me complete my study.

I thank Dr. Swathy Varma P R who guided me throughout at different stages of my study.

I thank our Head of the Department Dr. Mary Liya CA for her advice and support.

I am also thankful to all my faculty members who has given me timely advice during my study.

Finally, I thank my family members, friend, other staff members of the college ho have helped me many ways to complete my dissertation.

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CHAPTER I

INTRODUCTION

1.1 INTRODUCTION

Paramedical personnel or Paramedics are health-care workers who provide clinical services to patients under the supervision of a physician. The term generally, includes nurses, therapists, technicians, and other ancillary personnel involved in medical care but is frequently applied specifically to highly trained persons who share with physicians the direct responsibility for patient care. This category includes nurse practitioners, physician's assistants, and emergency medical technicians. These paramedical workers perform routine diagnostic procedures, such as the taking of blood samples, and therapeutic procedures, such as administering injections or suturing wounds; they also relieve physicians of making routine health assessments and taking medical histories. Paramedical training generally prepares individuals to fill specific health-care roles and is considerably less comprehensive than the education required of physicians.

Paramedical professionals play a crucial role in healthcare delivery. However, the demanding nature of their work can often create challenges when it comes to achieving a healthy work-life balance, particularly for women who may face additional responsibilities and expectations outside of work.

Paramedical professionals often work in shifts, including nights, weekends, and holidays. These irregular schedules can make it difficult for women to balance their work commitments with personal and family responsibilities. And also the paramedical sector can be physically and emotionally demanding, with high-pressure

situations, long hours on their feet, and exposure to traumatic events. These factors can contribute to fatigue and burnout, further affecting work-life balance.

Kerala, a state in India, has made notable advancements in social welfare and gender equality, which can have an impact on work-life balance for women in the paramedical sector.

Kerala has achieved several positive milestones when it comes to promoting work-life balance among women in the state's paramedical sector. The state of Kerala has implemented progressive maternity benefits, including paid maternity leave and provisions for breastfeeding breaks. These policies contribute to a better work-life balance for women in the paramedical sector who are starting families. Some healthcare institutions in Kerala offer flexible work arrangements, such as part-time schedules, job-sharing, or telecommuting options. These arrangements can enable women to balance their work commitments with personal responsibilities and caregiving duties. Kerala has implemented various programs and initiatives to support childcare, including the Anganwadi centers and the Bala Sabha program. These initiatives provide affordable or free early childhood education and care services, reducing the burden on working parents, including women in the paramedical sector.

Despite these positive developments, it is important to acknowledge that work-life balance can still be a challenge for women in the paramedical sector in Kerala. Factors such as workload, long working hours, and societal expectations may impact their ability to achieve a healthy balance between work and personal life. Continued efforts to enhance work-life balance, gender equality, and supportive policies are crucial for further improvement in this area.

1.2 REVIEW OF LITERATURE

G Benny, H Sankar, D Nambiar et al (2022); The article looks at the women leadership in the health care sector in Kerala. While globally the representation of women at the leadership level is very low, the women in Kerala have successfully managed to attain this goal while they face certain unique challenges.

Priyanka and Chand (2022);In the study done by authors in 2022 investigates the problems faced by women in balancing their family and work-life. The study also like others conclude that even though technological development has helped women in many ways both in managing Professional work and household work through the development of machines that are used in doing household chores and reduce the time of doing these activities, still working stress is one of the major factors in the work-life balance.

Akhila Rao et al;(2021); The study is on the problems faced by medical professionals especially nurses and women doctors and how these affect their work-life balance

Aroop Mohanty, Ankita Kabi, and Ambika P. Mohanty et al (2019); This study concludes that the health care workers face various health problems such as hypertension, mental health, reproductivity issues because of the sector in which they work. These also affects their relationship or behavior towards the patients, only a healthy health worker can take appropriate care of their patients, therefore it is necessary to address the health problems of the people working in the sector other than nurses and doctors.

Dr. Poonam Vishwakarma, Pradhyuman Singh lakhwat (2019); The study is about how stress is a major factor in work- life balance for women. As women are asked to work overtime over low pay, it adds to the stress as their job is not improving their quality of life. Adding to this is responsibilities at home

Meera Shankar (2019); The study focuses on the various aspects of the work- life balance such as how work affects her family life, how various familial commitments interfere in the work- life. Even though women have now increasingly started participating in the labour market, her social status has more to improve this is because women still face various problems in the society that stops her from choosing a working career.

Fasla NP, C Dhanalakshmi (2018); The study talks about how as their increasing demand for better economic and social status in the state women have been increasingly participating in the work- force, this has put a double burden on them as now they have to manage both office and household work. Therefore, family support is very much needed for women if the work- life balance is to be achieved.

Pratibha Barik (2016); This study shows how women according to their priorities try to manage their work and family life. Often, they do this through the support of their family members. In this way they can somewhat decrease their burden and lower their stress.

Sony Vijayan and Ann Mary Jones (2016); conducted the study on work life balance in Ernakulam district. The study was mainly focused on four groups of professionals- lawyers, doctors, engineers, and bankers. The study found out that the doctors had to work for 11-12 hours a day compared to engineers and bankers who had to work only for 7-8 hours. That is, the medical professionals work more hours and more days (6 days while others had to work only for 5 days). These long hours have affected their

work-life balance. A significant number of the respondents were divorced, thus lack of family support for childcare and family life conflict also constitute a major factor in the imbalance of work life balance among women in the medical sector

Shobha Sundaresan (2014); The study shows the implications of work life on women. Having long hours of work even after work- hours can lead to family conflict. It causes stress on the mental and physical being which affects productivity and quality of work.

Balaji Rangarajan (2014); This study shows how disabilities in work and family life can cause familial tensions and decreased life satisfaction This would eventually affect the quality of life It can also affect the next generation who are living in such environments

Mani.V(2013); This study is done on the first generation of women earners in the village, it points out various factors that affect their work- life balance such as familial relations, gender discrimination at work, lack of support from relative, and the responsibility of child care.

Lakshmi and Gopinath (2013); The study is on the work- life balance of teaching faculty, it shows that a better work- life balance improves the quality of work and increases the productivity.

1.3 STATEMENT OF THE PROBLEM

Paramedical sector is a major part of the health sector in India as well as Kerala. The paramedical sector in Trivandrum reflects a diverse workforce. Women constitute a significant portion of the paramedical workforce, contributing to gender diversity in the sector. Additionally, professionals from various regions of Kerala and other states work in Trivandrum, bringing diverse perspectives and expertise to the paramedical sector. The paramedical sector in Trivandrum, Kerala, is characterized by a robust healthcare infrastructure, employment opportunities, specialized services, research focus, and emphasis on professional development. Paramedical professionals in Trivandrum play a vital role in providing quality healthcare services and contribute to the overall well-being of the city's population. Even before Covid there have been growing demand for paramedics in Kerala to meet the needs of its increasing older population. Even as the demand for such personnel have been increasing, the working conditions and environment in which they have been working is not improving. They continue to face the problem of low wages, mental and physical stress which affect them both socially and economically. Because women are main workers in the paramedical sector they must face problems related to their work -life balance. Thus, the objective of the study is to identify the problems in their work-life balance and issues the face in their working environment.

1.4 OBJECTIVES

- To understand the profile of the women Paramedical Professionals in the Muttada Ward of Trivandrum Corporation.
- To assess the current work-life balance status of para medical professional women in the study area.
- To examine the impact of work-life balance on job satisfaction.

1.5 SIGNIFICANCE OF THE STUDY

In the earlier days, women did not much participate in the labour market and they were primarily responsible for household work such as cooking, elderly care, childcare etc. However nowadays the women are increasingly joining the labour force. There are many reasons for it such as more awareness on the importance of education and the need for a better quality of life. In Kerala, the demography is very much in favor of women, more women are born than men in the state. Also increased migration of men to other countries such as Gulf and Europe USA etc has made women primary responsible for inside as well as outside working the house. Researchers have pointed out that women mostly prefer to work in the service sector. Paramedicine is a part of the service sector, based on the demography of the state and the increasing life expenses are going to enter in more numbers in the sector. There are many factors that affect the work life balance of a women such as responsibility of child care, elderly care, low pay forcing them to do more than one job, long working hours, stress and other health related problems in some cases specific to women.

The study on work-life balance among women in the paramedical sector in Kerala is relevant in the context of healthcare workforce sustainability, gender equality, healthcare quality, individual well-being, and policy development. Its findings can inform targeted interventions that benefit women healthcare professionals, healthcare organizations, and the overall healthcare system in Kerala.

1.6. CONCEPTS/DEFINITIONS

Work-life balance: Work-life balance refers to the equilibrium or harmony between the demands and responsibilities of work and personal life. It involves effectively managing and integrating work-related commitments with personal, family, and leisure activities.

Paramedical sector: The paramedical sector comprises healthcare professionals who provide support services to medical practitioners and patients. This sector includes

occupations such as nurses, medical technologists, physiotherapists, occupational therapists, radiographers, and other allied health professionals.

Gender roles: Gender roles refer to societal expectations, norms, and behaviors associated with masculinity and femininity. They encompass the division of labor, caregiving responsibilities, and societal attitudes towards the roles and capabilities of men and women.

1.7 METHODOLOGY

The study uses both Primary and Secondary data sources. The primary data was mainly collected using questionnaire and circulated as google forms. The Secondary data was collected from articles, websites, Journals, Books etc

The sampling technique used was random sampling. Total sample size comes to a total of 40.

1.7.1. AREA OF THE STUDY

The study was conducted in Muttada Ward of Trivandrum Corporation.

1.8. THEORETICAL BACKGROUND

The theoretical background for studying work-life balance among women in the paramedical sector in Kerala can draw upon various relevant theories and frameworks.

Role Theory: Role theory suggests that individuals occupy multiple roles in their lives, such as being an employee, a caregiver, or a family member. The study can explore how women in the paramedical sector navigate their various roles and the challenges they face in achieving balance among these roles. Role theory is a concept in sociology and in social psychology that considers most of everyday activity to be

the acting-out of socially defined. The theory became more prominent in sociological discourse through the theoretical works of George Herbert Mead, Jacob L. Moreno, Talcott Parsons, Ralph Linton, and Georg Simmel.

Work-Family Conflict and Enrichment: The work-family interface framework examines the interplay between work and family domains. It explores how conflicts and enrichment between work and family roles can influence individuals' well-being and satisfaction. The study can investigate the work-family conflict experienced by women in the paramedical sector and identify factors that contribute to work-life enrichment.

Job Demands-Resources Model: The job demands-resources model explores the impact of job demands and resources on employee well-being and work-life balance. The study can investigate the specific job demands and resources that affect work-life balance among women in the paramedical sector, such as workload, job autonomy, social support, and access to flexible work arrangements.

Organizational Support Theory: Organizational support theory examines how perceived support from the organization influences employee well-being and outcomes. The study can explore the role of organizational policies, practices, and culture in promoting work-life balance among women in the paramedical sector.

1.9 SCHEME OF THE STUDY

1. The **First Chapter** is a brief introduction to the selected topic. It begins with the introduction followed by the review of the previous literature available on the topic, statement of the problem, Objectives, Significance of the Study, Definition/Concepts, Methodology, Theoretical background, Scheme of the study followed by the and finally ending with the limitations.
2. The **Second Chapter** is an overview of the study mainly obtained through the secondary sources. It describes the role of the Paramedical sector and the concept

of Work-life balance of female employees. The chapter also focusses on the socio-economic status of Women in Kerala.

3. The **Third Chapter** is the analysis and interpretation of the study using graphs and other tools.
4. The **Fourth Chapter** summarizes the study by laying out the findings and conclusions of the study.

1.10 LIMITATIONS OF THE STUDY

- The total sample taken for the study was a very small number compared to the total population of the Paramedical professionals and therefore the results cannot be generalized.
- Some respondents are not willing to disclose their data related to income.

CHAPTER- II

WORK- LIFE BALANCE AMONG WOMEN IN THE PARAMEDICAL PROFESSION- AN OVERVIEW

2.1. WORK- LIFE BALANCE AMONG WOMEN AND PARAMEDICAL PROFESSION

Para medicals are those who assist a doctor in treating a patient. This includes nurses, MRI Scan technicians, technicians in the operation theatres, etc. . They can treat or do check up on the patients only if they are advised by a doctor specialized in that area. The role of paramedical personnels include- administering oral medicine or iv injections, assisting in surgical procedures such as operating the machines, doing the first aid for patients coming into the hospital, managing labs, diagnosing diseases using appropriate machines such as CT scan, doing blood tests etc.

Some general observations on work-life balance for women in the paramedical sector worldwide:

Developed countries: In countries with well-established healthcare systems, such as Canada, Australia, and countries in Western Europe, there is generally more awareness and emphasis on work-life balance. These countries often have policies and regulations in place to support flexible working arrangements, parental leave, and access to affordable childcare. The implementation and effectiveness of these policies can still vary, but the overall focus on work-life balance tends to be stronger.

Developing countries: In many developing countries, the paramedical sector faces numerous challenges, including limited resources, staffing shortages, and inadequate infrastructure. These factors can lead to demanding work conditions and long working hours, which may impact work-life balance for women in the paramedical sector.

However, some countries are taking steps to improve work-life balance by implementing policies and programs to support healthcare professionals.

2.2 WORK LIFE BALANCE

Work-life balance means to have a right balance between one's personal and work life. Since Humans are living in an era where people have much aspiration and there is rising work pressure as more and more people are entering the work- force and causing a competition. The entering of women in such a situation to the work- force brings in more attention to the concept of a work- life balance as women is primarily responsible for infants as well as for the care of elders or other members of the family. This is specially the case for developing countries like India.

2.3 PARAMEDICAL PROFESSIONS

2.3.1 CT Scan Technicians

A CT scan technician operates in a computerized tomography machine, which takes the cross-sectional images of body. Doctors who then use these images to identify the disease or the medical condition that this patient has. The CT technicians mainly use and maintain the CT scan machine and prepare reports on what has been reflected in the machine. They also interpret the scanning results. The CT technicians can work in hospitals or privately under a doctor or in labs

2.3.2 MRI Technicians

An MRI technologist uses magnetic resonance imaging (MRI) technology to take pictures inside the human body for diagnostic purposes. MRI technologists work in health care facilities, such as hospitals and clinics, where they provide patient care and conduct MRI scans that produce internal imagery of the human body using a combination of radio waves and powerful magnetic fields.

2.3.3 Dental Machine Technician

A Dental machine operator is the one assist the doctors on dental hospitals or clinics. They maintain the inventory of sterilizers and other equipment, they are the ones who communicate with the doctor about the details of any procedure, he is also responsible for observing instruments during sterilization process. He is also responsible for cleaning the equipment used in any procedure, preparing various solutions

2.3.4 Pathology Technician

A Pathology technician helps a pathologist in testing samples and giving recommendation or diagnoses for a medical condition of the patient, He is the one who uses microscopes or other lab equipment to examine the tissue samples, they also prepare slides of microscopes for testing, they also give private consultations and describe evidence in court case, they also conduct autopsy, create reports, Train and assist other lab technicians

2.3.5 X- ray Technician

An X- ray technician is the one who is specialized in radiographs, x-ray images and films that show the inside of the human body

2.3.6 Optical Laboratory Technician

They are the who are specialized in creation and prescription of eye glasses, They assist optometrists, opticians in diagnosing what are the visionary problems of a patient.

2.3.7 Ophthalmic Assistant

Ophthalmic assistant is someone who assist an ophthalmologist. They do tests to detect ocular ailments, disorders etc. They also to tests to determine visual ability and muscle function of a patient and inform them how to properly use eyeglasses they also can do eye dresses and assist in surgical procedures.

2.3.8 Nurse Executives

Nurse executives may be responsible for managing nurses and other interprofessional team members in their area. Their duties involve hiring of employees, training, and giving their performance reviews, help in the professional development of their staff, oversee the finances, planning budget for their organization, proposing plans for the development of the organization. They also represent their organization in different conferences and committees.

2.3.9 OT Technicians

They work on every aspect of an operation theatre including maintaining equipment, assisting the surgical team, taking care of patients, properly arranging OT equipment, looking after documentations of the procedures, ensuring the functioning and stock of supplies

2.4 WORK-LIFE BALANCE AMONG WOMEN IN KERALA

2.4.1. Achievements

Women are considered as the marginalized section among the population. This is because they are physically weaker than men (on average) and this puts them in vulnerable situations both socially and economically. Socially, women have been traditionally confined to homes as they were imagined to be less productive than men in outside work. This made them financially dependent on the male members and also in some occasion they were subject to harassment by more stronger men. Since they were financially dependent on their male counterparts, women had little choice in many cases. Thus, traditionally the status of women in the society has not been good. In India, this is case in many regions of the country even now. Women have in denied education, instances of child marriage and female feticide also occurs. However, Kerala has followed a different path, socially the status of women in the state has much improved and is better than many other parts of the country.

Kerala has achieved several positive milestones when it comes to promoting work-life balance among women in the state's paramedical sector. Here are some notable achievements:

Maternity benefits: Kerala has implemented progressive maternity benefits, including paid maternity leave and provisions for breastfeeding breaks. This allows women in the paramedical sector to take time off from work to care for their newborns without facing financial hardship.

Flexible work arrangements: Many healthcare institutions in Kerala offer flexible work arrangements, such as part-time schedules and job-sharing options. These arrangements enable women in the paramedical sector to balance their work commitments with personal responsibilities, such as childcare or eldercare.

Support for childcare: The state government has established a comprehensive network of Anganwadi centers and Bala Sabha programs to support childcare. These initiatives provide affordable or free early childhood education and care services, helping women in the paramedical sector to ensure their children are well taken care of while they work.

Work-life balance policies: Kerala has introduced policies and initiatives to promote work-life balance, such as the Right to Sit policy. This policy mandates employers to provide seating facilities for employees who spend long hours standing. This positively impacts women in the paramedical sector, who often have physically demanding roles.

Family-friendly work environments: Many healthcare institutions in Kerala strive to create family-friendly work environments that value employee well-being. These institutions implement policies and programs to reduce stress, provide counseling services, and offer support groups to help employees, including women in the paramedical sector, maintain a healthy work-life balance.

Gender equality initiatives: Kerala has been a frontrunner in promoting gender equality in various sectors, including healthcare. Efforts to bridge the gender gap in leadership positions and address gender biases contribute to a more inclusive work environment for women in the paramedical sector, fostering work-life balance.

Supportive professional networks: Kerala has several professional networks and associations that cater to the needs of women in the paramedical sector. These networks provide support, mentorship, and networking opportunities, helping women navigate work-life challenges and achieve a better work-life balance.

These positive achievements reflect Kerala's commitment to improving work-life balance for women in the paramedical sector. By implementing supportive policies, flexible work arrangements, and childcare initiatives, the state has made significant strides in creating an environment where women can effectively balance their professional and personal lives. However, there is always room for further

improvement, and ongoing efforts are necessary to sustain and enhance these positive achievements.

2.4.2. Issues and Challenges:

When examining work-life balance among women in the paramedical sector in Kerala, several key issues and challenges can be identified. These challenges are influenced by various factors specific to the state's context. Here are some common issues and challenges:

Gender roles and societal expectations: Kerala, like other parts of India, has traditional gender roles and societal expectations that place a significant burden of caregiving and household responsibilities on women. Balancing these expectations with professional commitments in the paramedical sector can be challenging, leading to work-life conflicts.

Workload and long working hours: The paramedical sector in Kerala often involves demanding work schedules and long working hours, especially in hospitals and healthcare facilities. Women in the sector may struggle to manage their time effectively leading to increased stress and limited opportunities for self-care and personal activities.

Lack of flexibility in work arrangements: Limited flexibility in work schedules and arrangements can hinder women's ability to balance work and personal life. Fixed working hours, rigid shift schedules, and limited options for part-time or flexible work can make it challenging to meet family responsibilities and personal commitments.

Inadequate support systems: The availability of supportive systems, such as affordable and quality childcare facilities, eldercare options, and support from family members, can significantly impact work-life balance. Inadequate support systems and lack of accessible resources can create additional challenges for women in the paramedical sector.

Career progression and work-life integration: Striking a balance between career progression and personal life can be a significant challenge for women in the paramedical sector in Kerala. Limited opportunities for career advancement, rigid organizational structures, and lack of supportive policies can hinder work-life integration and professional growth.

Work-family conflicts: The demands and responsibilities of work and family life often collide, resulting in work-family conflicts. Women in the paramedical sector may face difficulties managing patient care responsibilities, household chores, and caregiving obligations simultaneously, leading to increased stress and dissatisfaction.

Emotional and psychological well-being: Balancing the emotional demands of patient care with personal well-being can be emotionally draining for women in the paramedical sector. Witnessing critical situations, handling patient suffering, and dealing with high-stress environments can impact their emotional and psychological well-being.

Limited work-life balance initiatives: The paramedical sector in Kerala may have limited work-life balance initiatives and policies in place. The lack of supportive measures, such as flexible work arrangements, maternity leave policies, and employee assistance programs, can hinder women's ability to achieve work-life balance.

Addressing these issues and challenges requires a comprehensive approach involving stakeholders at various levels, including policymakers, healthcare institutions, and organizations. Implementing supportive policies, enhancing flexibility in work arrangements, providing access to quality support systems, and promoting a culture that values work-life balance can contribute to improving work-life balance for women in the paramedical sector in Kerala.

2.5 ORGANIZATIONS RELATED TO PARAMEDICAL SECTOR IN KERALA

2.5.1 KERALA PARAMEDICAL COUNCIL

Kerala paramedical council is one of the major institutions of the paramedical sector in Kerala. It helps in the registration of candidates into the council, it provides support to training institutions and provides funds to build infrastructure, also conducts matters regarding the courses taught in colleges, the required fees, uniforms etc.

2.5.2. ASSOCIATION OF ALLIED HEALTH PROFESSIONALS

The Association of allied health professionals is a non -profit institution working for the welfare of the non- medical professionals in the sector. They provide good standing certificates to its registered members.

2.5.3. KERALA STATE PHARMACY COUNCIL

The Kerala State Pharmacy Council is a statutory body functioning under the Kerala State health Department. It is constituted under Section 19 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy in the State.

The main objective of Kerala State Pharmacy Council are.

- To regulate the profession and practice of Pharmacy.
- To ensure the quality of dispensing of drugs.
- To ensure that drugs are stored and dispensed by only qualified and registered pharmacists.
- To ensure discipline among the pharmacists.
- To unearth unethical and illegal practices and book the perpetrator as per Pharmacy Act.

2.5.4. KERALA DENTISTS' COUNCIL

Dental council of Kerala is subsidiary of Dental Council of India, a Statutory Body incorporated under an Act of Parliament viz. The Dentists Act, 1948 (XVI of 1948) to regulate the Dental Education and the profession of Dentistry throughout India and it is financed by the Govt. of India in the Ministry of Health & Family Welfare (Department of Health) through Grant-in-aid. The General Body of the Dental Council of India representing various State Governments, Universities, Dental Colleges, Central Government, etc.

2.6. PARAMEDICAL SECTOR IN TRIVANDRUM, KERALA

The paramedical sector in Trivandrum, Kerala, plays a crucial role in the healthcare system of the city. Trivandrum, the capital of Kerala, is home to numerous hospitals, clinics, diagnostic centers, and healthcare institutions that employ a significant number of paramedical professionals.

Employment opportunities: Trivandrum is the capital of the state, therefore it has major developments in the past years. It is home to various prestigious medical institutions. In order for these medical institutions to work we need a large number of the paramedical professionals. Hence it provides many opportunities to the job seekers in this sector

Medical education and training: Trivandrum is home to prestigious medical colleges and institutions that provide education and training for paramedical courses. Institutions like Government Medical College, Trivandrum, and Regional Cancer Centre offer diploma, undergraduate, and postgraduate programs in paramedical fields, ensuring a skilled workforce for the sector.

Specialized healthcare services: Trivandrum has specialized healthcare services, including tertiary care hospitals and specialty centers, which require a specialized paramedical workforce. These facilities provide advanced medical treatments, surgical procedures, and specialized diagnostic services, necessitating the expertise of paramedical professionals.

Research and innovation: Trivandrum has a vibrant research and innovation ecosystem in the healthcare sector. The paramedical professionals in the city actively contribute to research studies, clinical trials, and innovative practices in collaboration with medical practitioners, researchers, and institutions. This fosters professional growth and development opportunities for paramedical professionals.

Technology adoption: Trivandrum embraces technological advancements in the healthcare sector, leading to the adoption of advanced medical equipment and digital healthcare solutions. Paramedical professionals in the city are exposed to and trained in the use of cutting-edge technology, enhancing their skills and efficiency in delivering patient care.

Continuing education and professional development: Trivandrum offer opportunities for paramedical professionals to engage in continuing education and professional development activities. The city hosts conferences, workshops, and training programs that enable paramedical professionals to enhance their knowledge, skills, and stay updated with advancements in their respective fields.

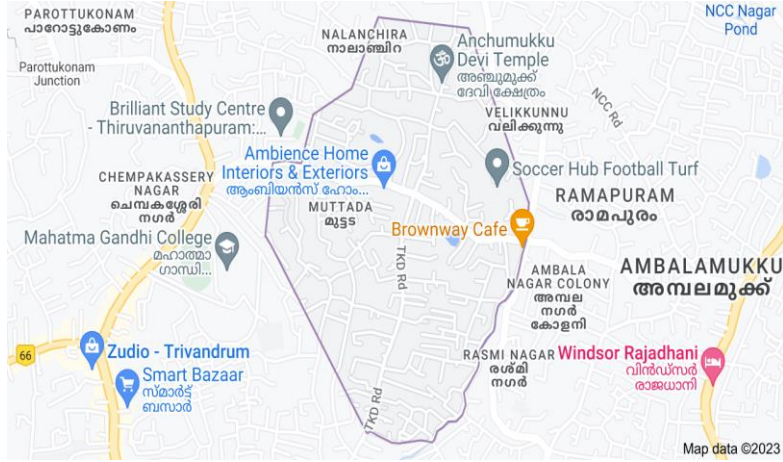
Collaborative healthcare approach: Trivandrum promotes a collaborative approach to healthcare, where paramedical professionals work in coordination with medical practitioners, specialists, and other healthcare professionals. This interprofessional collaboration ensures comprehensive patient care and contributes to an efficient healthcare system.

2.7. MUTTADA OF TRIVANDRUM

Muttada is a ward located in the city of Trivandrum, Kerala. It is one of the 100 wards that make up the Trivandrum Municipal Corporation. Muttada is situated in the southwestern part of Trivandrum city. It is bordered by wards such as Peroorkada, Sreekaryam, Poojappura, and Pangappara. Muttada is primarily a residential area with a mix of independent houses, apartments, and gated communities. The ward is known for its serene surroundings and green spaces. Muttada has basic infrastructure facilities such as roads, water supply, electricity, and waste management systems. The ward is well-connected to other parts of Trivandrum city through road networks. Muttada is home to several educational institutions, including schools and colleges. Some prominent educational institutions in the ward include Loyola School, Christ Nagar Higher Secondary School, and St. Thomas College.

Muttada has healthcare facilities that cater to the medical needs of residents. Hospitals, clinics, and diagnostic centers in and around Muttada provide healthcare services to the local population.

Muttada has a mix of commercial establishments, including shops, supermarkets, and small businesses that cater to the daily needs of residents. There may also be small-scale industries or businesses operating within the ward. Muttada may have parks, recreational centers, or open spaces where residents can engage in leisure activities. These spaces provide opportunities for social interaction and relaxation. Muttada is well-connected to other parts of Trivandrum city through public transportation, including buses and auto-rickshaws. Residents have access to transportation services for commuting within the ward and to other areas of the city.



MUTTADA: MAP

CHAPTER III

ANALYZING THE WORK- LIFE BALANCE OF WOMEN IN THE PARAMEDICAL SECTOR

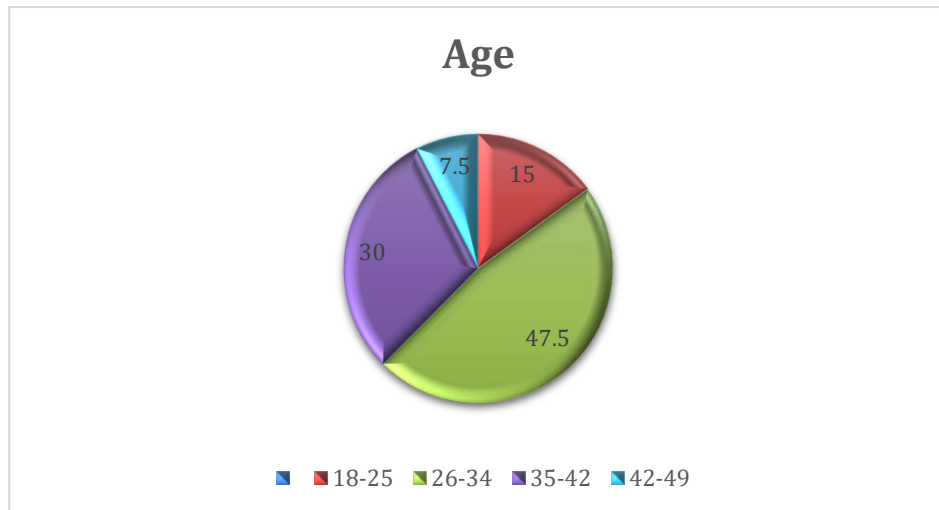
3.1. PROFILE OF THE WOMEN PARAMEDICAL PROFESSIONALS IN THE STUDY AREA.

3.1.1 Age

All the respondents in the survey are females since the study focuses on the work- life balance among women who are engaged in various Professions in the Paramedical Sector. The age group considered for the purpose of the study are between 18 to 50 years of age.

Figure 3.1

Age



SOURCE: PRIMARY DATA

Among the respondents, only 15% were between 18 to 25 years, 47.5 % were between 26-34 years of age, 30% Are between 35- 42 years of age, 7.5% were between 42 – 49 years of age. Most of the respondents, accounting for 47.5%, belong to the age group of 26 to 34 years. This suggests that a significant portion of women professionals in the paramedical sector in Muttada ward are in their late twenties to early thirties. They are likely to have gained some work experience and have established their careers in this field.

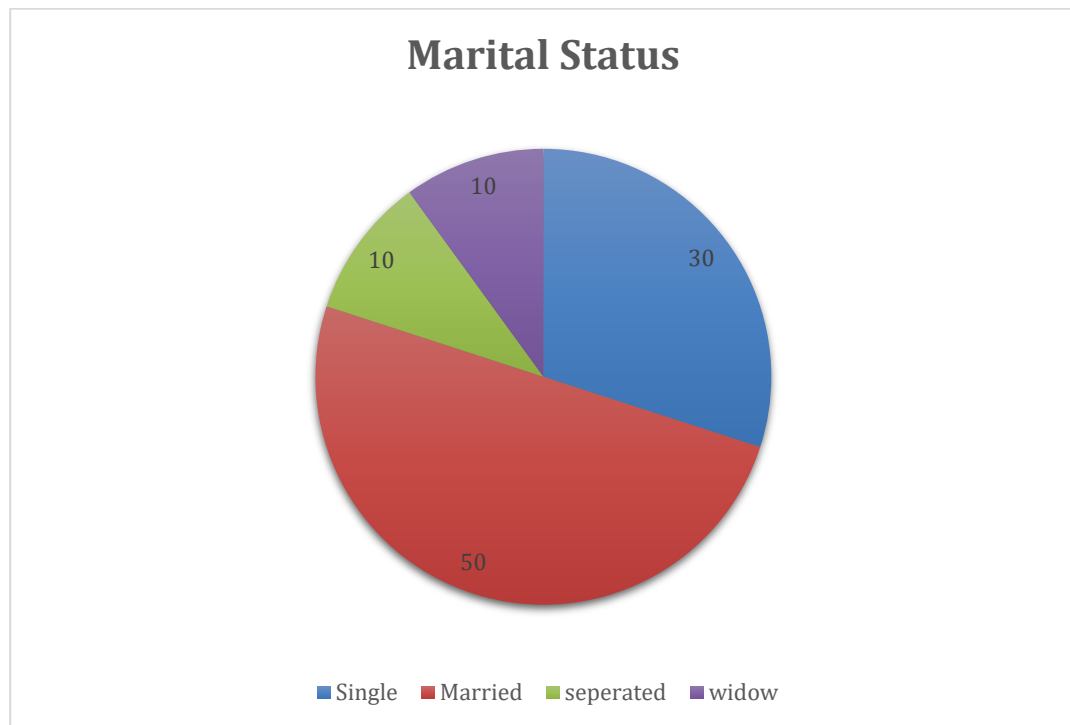
The age distribution indicates that women professionals in the paramedical sector in Muttada ward are relatively concentrated in the age groups of 26-34 years and 35-42 years. This suggests a mix of early and mid-career professionals, with a smaller representation of younger and older individuals.

3.1.2 Marital Status

Among the total sample population, 50% were married, 30% were single, 10% were separated and 10 % widow. Majority of the respondents were married. That is, majority of the respondents were married. The interpretation highlights that the majority of the respondents in the sample population were married, comprising 50% of the total sample. It suggests that a significant proportion of women professionals in the paramedical sector in Muttada ward have taken on the responsibilities of marriage while pursuing their careers.

Figure 3.2.

Marital status



SOURCE: PRIMARY DATA

3.1. 3 Level of Education

Among the respondents, 37.5% did there Diploma, another 37.5% were undergraduates, only 5% of the sample population were post graduates, 17.5 % did a degree or a certificate course others did a certificate course after the completion of their higher secondary education. This indicates that a significant portion of the respondents, comprising 37.5% of the total sample, have completed a diploma course in their respective paramedical field. Diploma programs typically provide specialized vocational training and practical skills necessary for entry-level positions in the paramedical sector.

Table 3.1

Education level of Respondents

Educational Level	No of respondents (%)
12 th	30
Diploma	50
UG	10
PG	10

SOURCE: PRIMARY DATA

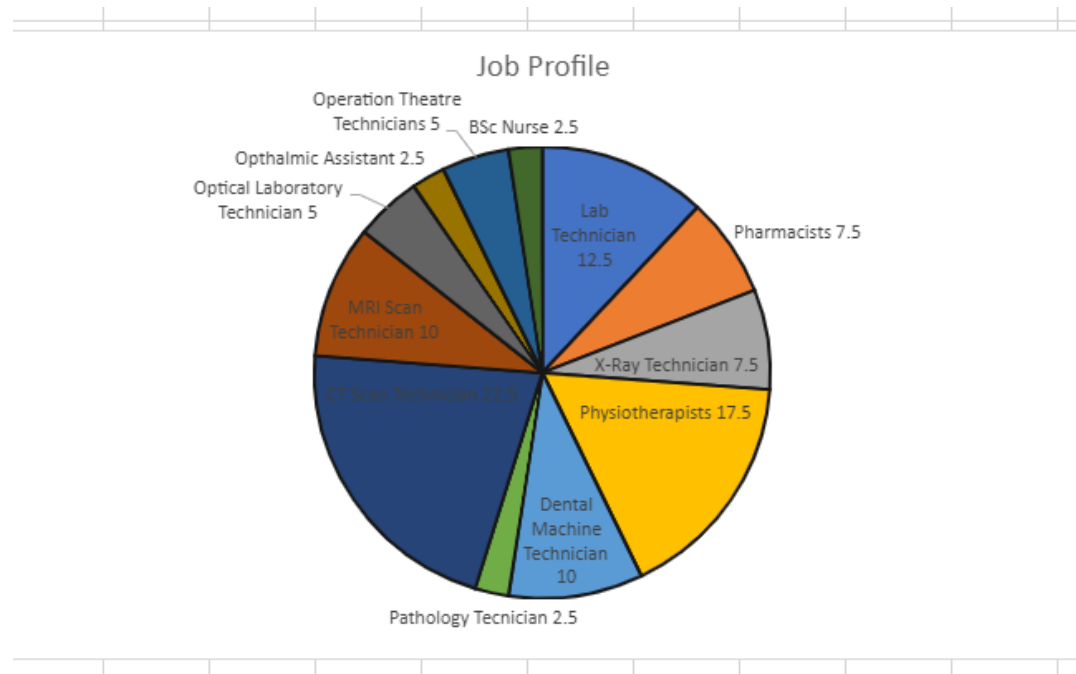
3.1.4 Job Profile

Job profile mentions the job each respondent is engaged in. Among the total respondents, 12.5% were lab technicians, 7.5 were Pharmacists, another 7.5% were X- Ray technicians, 17.5% were Physiotherapists, 10% were Dental technicians, 2.5 were Pathology technicians, 22.5 were CT scan technicians, another 10% were MRI Scan technicians, 5% were Optical ;laboratory technicians, 2.5% were Ophthalmic assistants, another 5% were Operation Theatre Technicians, and 2.5% were BSC nurse. The interpretation of the job profiles provides insights into the diverse roles and responsibilities held by women professionals in the paramedical sector in Muttada

ward. Each role contributes to the overall healthcare system and plays a vital part in providing quality healthcare services to the community.

Figure 3.3

Job Profile

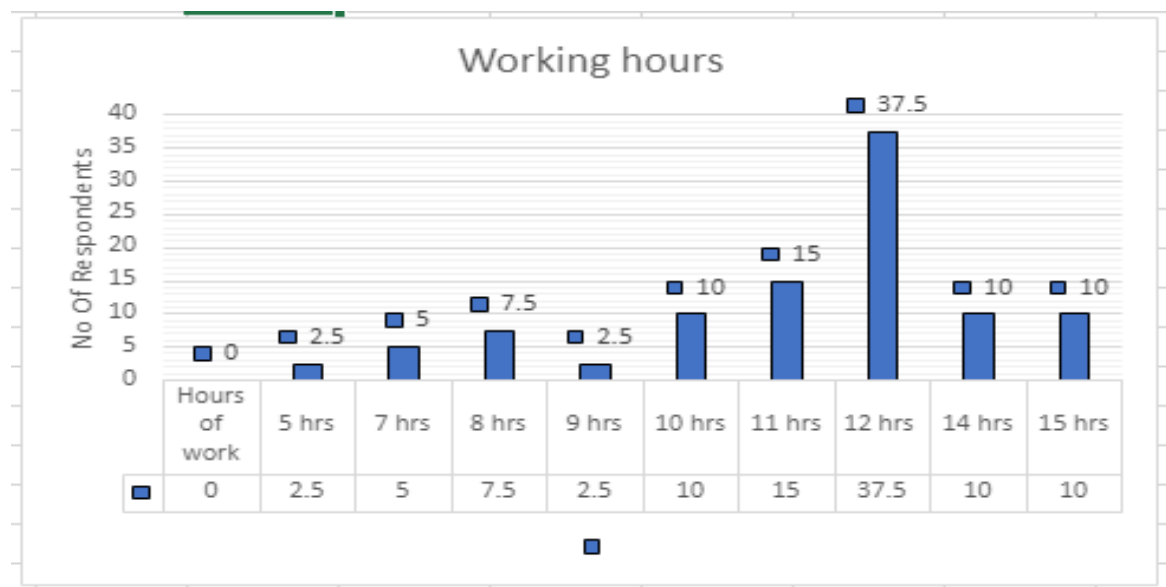


SOURCE: PRIMARY DATA

3.2. CURRENT WORK-LIFE BALANCE STATUS OF WOMEN IN THE PARAMEDICAL SECTOR.

3.2.1. Hours of Work

Figure 3.4
Hours of Work



SOURCE: PRIMARY DATA

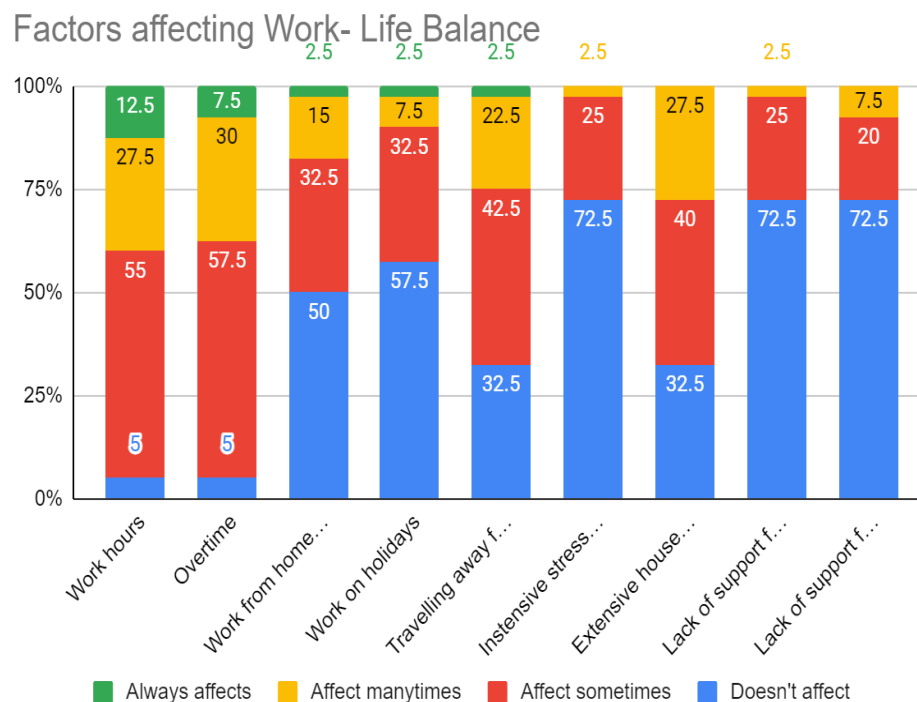
Among the total respondents, 2.5% worked for 5 hours, 5% worked for 7 hours, 7.5% worked for 8 hours, another 2.5% worked for 9 hours, 10% worked for 10 hours, 15% worked for 11 hours, 37.5% worked for 12 hours, 10% worked for 14 hours and another 10% worked for 15 hours.

The interpretation highlights that most of the respondents worked for more than 6 hours, which is the conventional working time in an organized sector. It also reveals that some respondents worked for more than 12 hours, potentially indicating the necessity to take up multiple jobs due to low pay or financial reasons. These findings shed light on the working hour patterns among women professionals in the paramedical sector in Muttada ward, emphasizing the need to consider the implications of extended working hours on work-life balance and overall well-being.

3.2.2. Factors affecting work-life balance

Figure 3.5

Factors affecting work-life balance



SOURCE: PRIMARY DATA

Work Hours: Among the total respondents, 5% said that work hours doesn't affect their work-life balance, These individuals may have a strong ability to manage their time effectively or have external support systems that allow them to maintain a satisfactory balance between their work and personal life. While 55% said that it affects them sometimes, 27.5% said that it affects their work-life balance many times, 12.5% said that it always affects their work- life balance.

Overtime: Among the respondents, 5% responded that overtime work does not affect their work-life balance at all, while 57.5% responded that overtime work affects them sometimes, 30% said that it affects them many times, 7.5% said that it affects them always. The majority of the respondents, accounting for 57.5%, stated that overtime work affects their work-life balance sometimes. This suggests that there are instances where overtime work interferes with their personal life, but it may not be a constant occurrence.

Work from home after work from office

This refers if the respondents had to any work related activities after they home from work such as making reports or attending patients at home or attending office work through vedio call etc. 50% of the respondents said that it doesn't affect them, 32.5% said that it affects them sometimes, while 15% said it affects them many times and 2.5% said it always affects them. The interpretation highlights the varying perceptions of the impact of overtime work on work-life balance among women professionals in the paramedical sector in Muttada ward. While a small portion does not perceive any negative impact, a significant number of respondents acknowledged that overtime work affects their work-life balance either sometimes or frequently. This information underscores the importance of addressing work-hour policies, workload management, and support mechanisms to ensure a healthier work-life balance for women in the paramedical sector.

Work on holidays

57.5% said they never had to work on holidays, 32.5% said that they sometimes had to work on holidays, 7.5% said that many times they had to work on holidays, while only 2.5% said that they always had to work on holidays.

Travelling away from home

32.5% said that travelling away from home does not affect their work-life balance at all, 42.5% said it affects them sometimes, 22.5% said it affects them many times while only 2.5% said that it affects some many times.

Women also face many problems while they are travelling. The table below shows the different problems and the response of the sample population.

Intensive stress from work

72.5% said that their work doesn't give them intensive stress at all, 25% responded that it gives them intensive stress sometimes, 2.5% said that it gives them intensive stress many times.

Extensive household work

32.5% responded that extensive household work does not affect their work-life balance at all, while 40% said that it affects their work-life balance sometimes, 27.5% said it affects their work-life balance many times.

Lack of support from colleagues

72.5% said that lack of support doesn't affect them at all that is, there is enough support from their colleagues, 25% responded that sometimes they faced lack of support, while only 2.5% said that they faced it many times.

Lack of support from Family members

72.5% responded that they don't face lack of support from their family members at all, 20% said they faced it sometimes, while 7.5% said they face it many times.

Table 3.2.
Problems faced by women during travel

Problems	Yes (In per cent)	No (In per cent)
1.Travel alone during night does not feel safe	37.5	62.5
2.non-availability of public transport	60	40
3.Stares and comments from men	22.5	77.5
4.Experiencing unwanted Attention	27.5	72.5
5.No street lights	2.5	97.5
6.Lack of public toilets	2.5	97.5

SOURCE: PRIMARY DATA

Different problems faced by women while traveling in the sample population of women professionals in the paramedical sector in Muttada ward can be interpreted as follows:

Travel alone during the night does not feel safe: Approximately 37.5% of the respondents expressed that traveling alone during the night does not feel safe. This highlights concerns about personal safety and the need for additional measures to ensure a secure traveling environment for women.

Non-availability of public transport: Most of the respondents, comprising 60%, identified the non-availability of public transport as a problem while traveling. This indicates that accessing reliable and convenient transportation options is a challenge for women, which can impact their mobility and work-life balance.

Stares and comments from men: Around 22.5% of the respondents reported facing stares and comments from men while traveling. This suggests that women often encounter unwanted attention or harassment during their journeys, which can lead to discomfort and safety concerns.

Unwanted attention: 27.5% of the respondents mentioned experiencing unwanted attention while traveling. This indicates that women may face situations where they are subjected to unwelcome advances or attention, which can be distressing and impact their overall well-being.

No street lights: Only 2.5% of the respondents mentioned the lack of street lights as a problem while traveling. This highlights a potential safety concern during nighttime travel, where inadequate lighting may increase the risk of accidents or incidents.

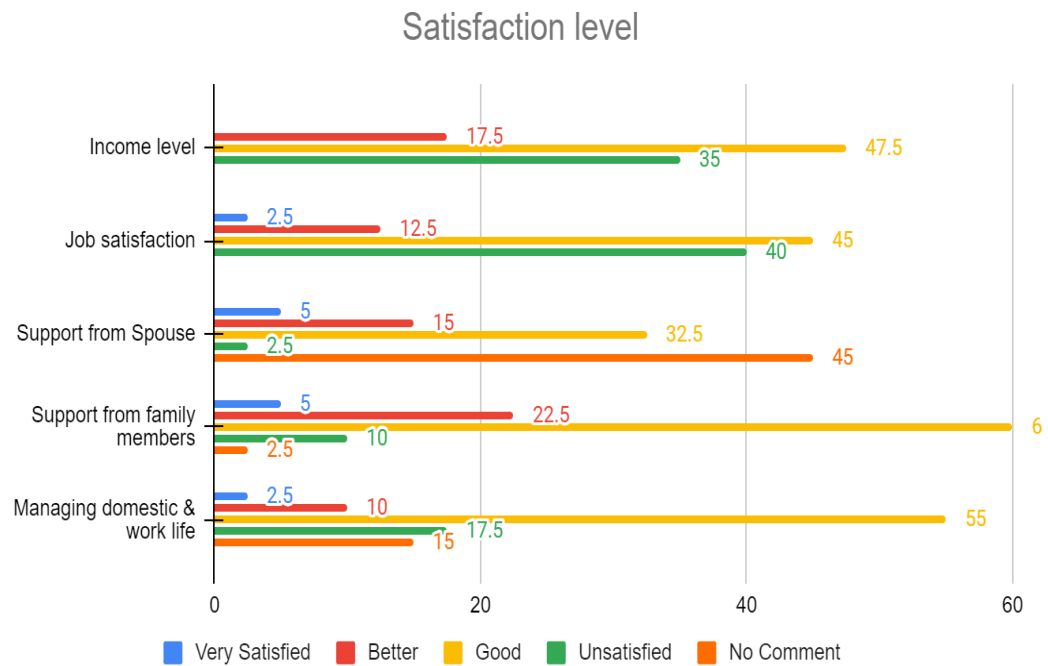
Lack of public toilets: Similarly, 2.5% of the respondents identified the lack of public toilets as a problem while traveling. This suggests a need for better infrastructure and facilities to address the hygiene and comfort needs of women during their journeys.

The interpretation of these findings reveals several challenges faced by women professionals in the paramedical sector in Muttada ward while traveling. These challenges include concerns about safety during night travel, limited availability of public transport, unwanted attention and harassment, and inadequate infrastructure such as street lights and public toilets. Addressing these issues is crucial to ensure the well-being, convenience, and work-life balance of women in the paramedical sector in Muttada ward while traveling for work-related purposes.

3.3. SATISFACTION FROM SOME OF THE SOCIAL AND ECONOMIC FACTORS

Figure3.6

Satisfaction from some of the social and economic factors



SOURCE: PRIMARY DATA

Income level

17.5% responded that their income level is better even though they are not very satisfied with it, 47.5% said it was good, 35% were unsatisfied with their income level.

Job Satisfaction

2.5% were very satisfied with their job, 12.5% responded that it was better, 45% responded that it was good, 40% responded that they were unsatisfied with their job. This suggests that a considerable portion of the sample population felt dissatisfied or unhappy with their current job roles within the paramedical sector.

The interpretation of these findings reveals a range of job satisfaction levels among women professionals in the paramedical sector in Muttada ward. While a small percentage expressed high satisfaction, a larger portion reported moderate satisfaction, and a significant portion expressed dissatisfaction with their job. These results highlight the need to address factors contributing to job dissatisfaction and explore measures to enhance job satisfaction and well-being among women professionals in the paramedical sector.

Support from Spouse

5% said that they were very satisfied with the support they received from their spouse, 15% responded they felt better even though not very satisfied, 32.55 felt good, 2.5% were unsatisfied with the support and 45% did not comment on the question.

Support from family members

5% responded that they were very much satisfied with the support from their family members, 22.5% felt better, 60% felt good, 10% were unsatisfied and 2.5% did not comment on the question.

Managing domestic & work life

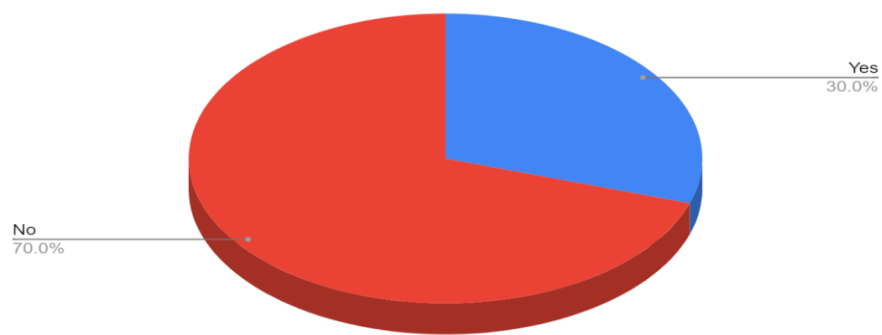
2.5% said they were very satisfied with how they were managing their work and domestic life, 10% responded they were better at it, 55% said they were good at it if not better, 17.5% were unsatisfied with how they were managing their domestic and work life, 15% did not comment on the issue.

Awareness of the Posh Act , 2013

In 1997, in the Vishaka Vs State of Rajasthan, the Supreme court gave a landmark judgement provided some guidelines, which is the basis for the Sexual harassment Act/ POSH ACT, 2013

The Act gives a definition as to what is sexual harassment at work place and provide a means for complaints and redressal for women who have faced sexual harassment in their work-place

Figure 3.7
Awareness of POSH ACT



SOURCE: PRIMARY DATA

Among the total respondents, 30 % were only aware of the act and the rest 70% have not heard about it.

Availability and Accessibility of sanitation facilities

Table 3.3
Availability and Accessibility to sanitation facilities

Sanitation facilities	No. of Respondents	Per Cent
Have facility at the work-place	29	72.5
Don't have a facility at their work place	11	27.5
Total		100

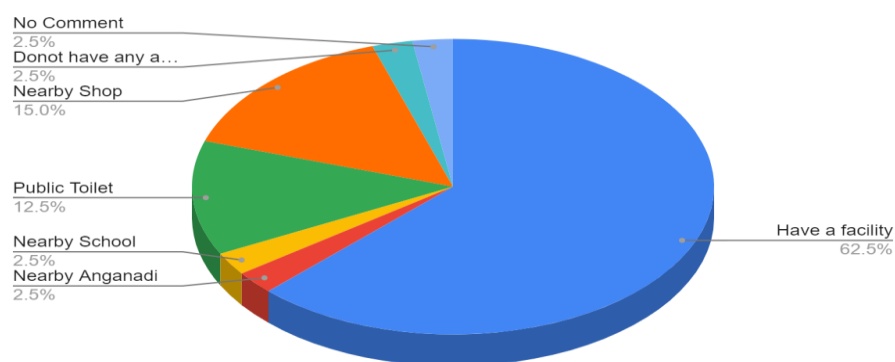
SOURCE; PRIMARY DATA

Among the total respondents, only 27.5% said that they did not have a sanitation facility at their work place, the rest 72.5% said that they have access and availability of sanitation place at their on work-place. Most of the respondents, accounting for 72.5% of the sample population, mentioned having access and availability of a sanitation facility at their workplace. This indicates that a significant portion of women professionals in the paramedical sector in Muttada ward have access to proper sanitation facilities, which is essential for maintaining hygiene and ensuring a conducive work environment.

Alternatives for non- availability of sanitation facility at your own work place

Figure3.8

Alternative for non- availability of sanitation facility at your own work-place



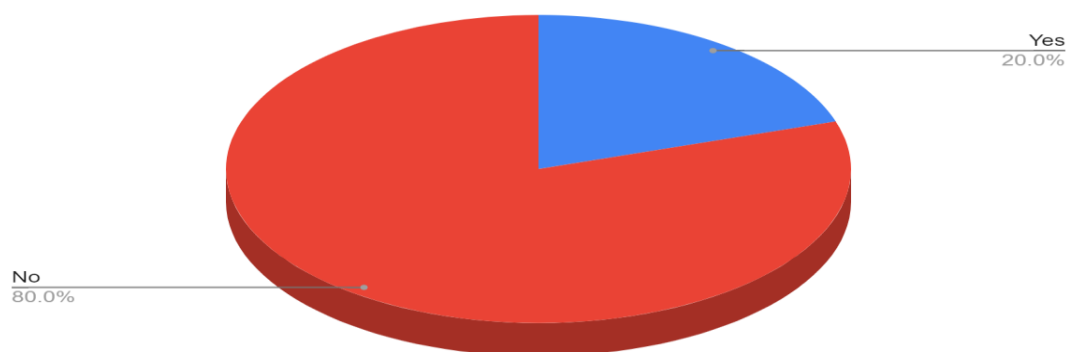
SOURCE; PRIMARY DATA

Among the total respondents, while 72.5% said that they had a facility at their own institution so they did not have to use an alternative, among the others who did not have one in their own institution, 15% used facilities available in nearby shop, 12.5% used public toilets, 2.5% used nearby school, another 2.5% used anganwadi, yet another 2.5% did not have any alternation and the remaining 2.5% did not comment on the question.

Head of the family

Figure 3.9

Head of the Family



SOURCE; PRIMARY DATA

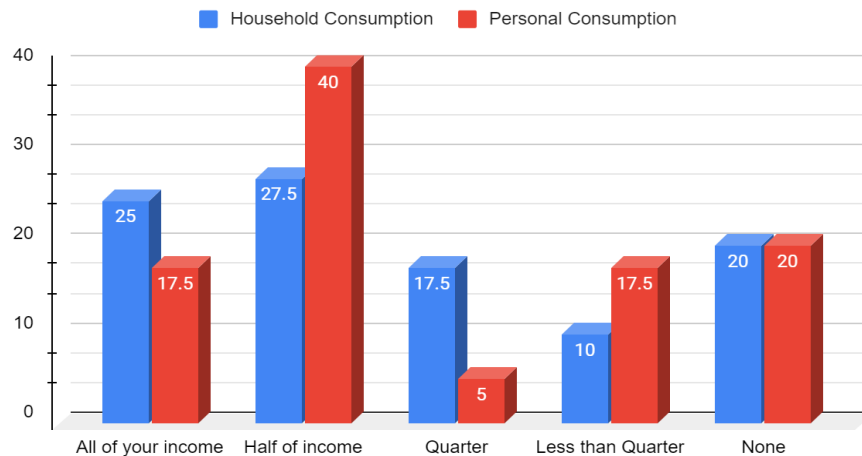
Among the total respondents, only 20% were the head of the family the rest 80% were not the head of the family. Majority of the women are not the head of their family, that is, most of them have the income of their spouse to supplement their low pay. However, it is likely that many of their spouses would be not responsible the household activities. Even though they get support from time to time.

Proportion of income spent on Personal & Household Consumption

Figure 3.10

Proportion of income spent on personal and household consumption

Household Consumption and Personal Consumption



SOURCE: PRIMARY DATA

Among the total respondents, 25% said that they spend all their income on household consumption, 27.5% said that they spend only half of their income on personal consumption, 17.5% spent only quarter of their income, 10% spent less than quarter and 20% spend none of their income on household consumption.

While 17.5% spent all their income on personal consumption, 40% spent only half their income, 5% spent quarter of their income, 17.5% less than quarter and 20% spent none of their income.

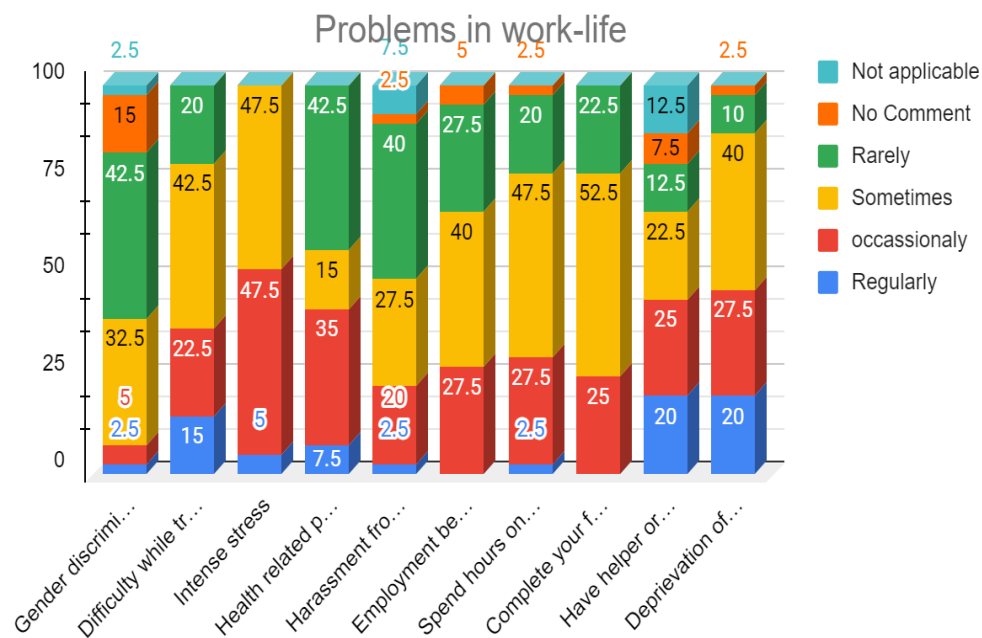
In most of the cases, those spending all of their income on consumption are either the head of their family or the main income earner of their family. Those spend less than quarter of their income on personal consumption might be because they are earning low income or have financial responsibilities like looking after the elderly, loan repayments etc.

3.4 PROBLEMS FACED IN WORK -LIFE BALANCE

3.4.1 Problems in work –life

Figure 3.11

Problems in work-life



SOURCE: PRIMARY DATA

When respondents were asked about some of the problems, they were likely to face, on a scale from regularly facing it to having no issues at all, they responded in the following way,

On Gender discrimination at work-place, only 2.5% said that they had to face it regularly, 5% said they had to face it occasionally, 32.5% said occasionally, 42.5% said they faced it only rarely, 15% did not comment on the issue and for 2.5% it was not applicable. That is, majority of the women almost did not face any kind of gender

discrimination while others have come across some degree of gender-based discrimination at their workplace.

Difficulty while travelling to and from work place, 15% said they regularly faced difficulty while travelling, 22.5% said they faced it regularly, 42.5% faced it sometimes while the rest 20% faced it rarely. That is, majority of the women faced some form of difficulty while travelling This included non-availability of public transports at regular intervals, lack of street lights while travelling at night, unwanted attention from men on the streets etc.

On Intense stress, only 5 % said that they regularly faced intense stress in their work life, 47.5% said that they occasionally faced it, another 47.5% said sometimes they faced intense stress.

Health related problems, 7.5% have health related problems because of work regularly, 35% occasionally, 15% sometimes, 42.5% only rarely faced any health-related problems.

Harassment from clients, 2.5% said that they faced verbal harassment from their clients regularly, 20% said occasionally, 27.5% said sometimes, 40% said rarely and 2.5% did not comment on the issue, 7.5% said it was not applicable for them.

Employment benefits from the institution, 27.5% said they occasionally received some form of employment benefits, 40% said sometimes, 27.5% said rarely and 5% did not comment on the issue

Spend hours on recreational activities, only 2.5% said that they regularly spent time for recreational activities, 27.5% said occasionally, 47.5% said sometimes, 20% said rarely and 2.5% did not comment on the issue.

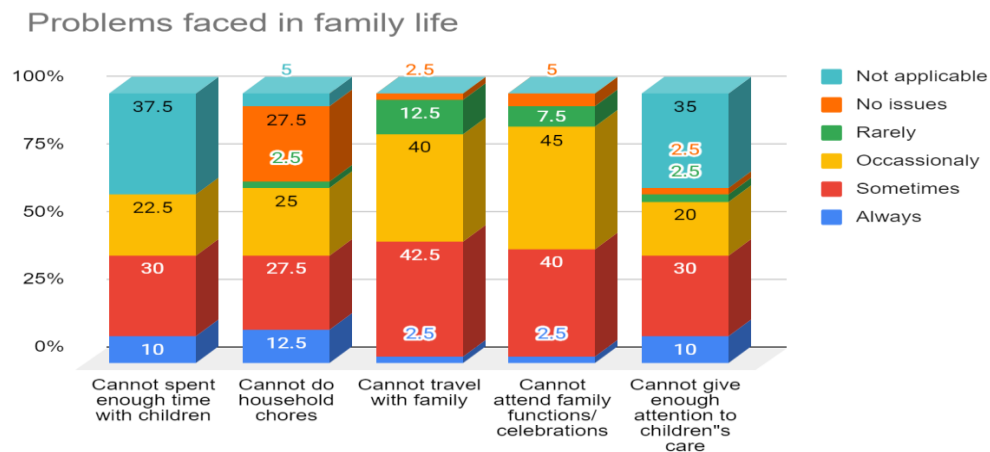
Complete your family commitments, 25% said completing family commitments occasionally affected their work-life, 52.5% said it affected sometimes, 22.5% said rarely.

Have helper or maid at your house, 20% said they regularly had a helper or maid at their house, 25% had them vocationally, 22.5% had them sometimes, 12.5% had them only rarely and 7.5% did not comment on the question. Other than 20% who regularly had maids at their home were either helped by their mother in law or spouse. However, some of them deliberately chose not to have maids because of financial reasons and for such people managing housework causes hinderances in their work- life.

Deprivation of sleep affecting work productivity, 20% said that they were regularly deprived of sleep because of work, 27.5 % said occasionally there sleep was affected, 40% responded sometimes, 10% said rarely and 2.5% did not comment on the question.

3.4.2 Problems in family life

Figure 3.12
Problems in Family life



SOURCE: PRIMARY DATA

When asked about some of the problems they are likely to face in their family life because of work, the response was as follows;

Cannot spent enough time with children, 10% said were always not able to spend time with their children because of work, 30% said sometimes, 22.5% said occasionally, 37.5% said it was not applicable to them, this category included single women, newlyweds, women who had grown-up children and women without children.

Cannot do household chores, 12.5% said they did not always had time for household chores, 27.5% said sometimes, 25% said occasionally, 2.5% said rarely and 25.5% said they had no issues at all while it was not applicable for 5%

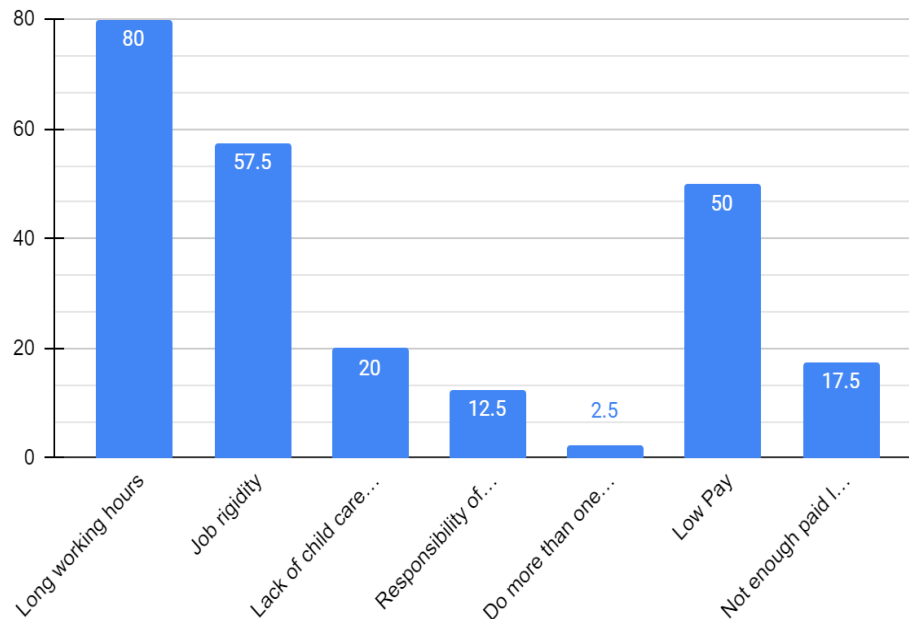
Cannot travel with family, 2.5% were not able to travel with family at all, 42.5% said sometimes, 40% said occasionally, 12.5% said rarely and 2.5% said they had no issues at all.

Cannot attend family functions/ celebrations, 2.5% said they cannot attend any family functions at all, 40% said sometimes, 45% said occasionally, 7.5% said rarely and 5% said they had no issues at all

Cannot take care of children, 10% said it was the case always, 30% sometimes, 20% said occasionally, 2.5% has no issues at all and another 2.5% did not comment while it was not applicable for 35%.

3.4.3 Other Problems

Figure 3.13
Other Problems



SOURCE: PRIMARY DATA

80% of the respondents said that long working hours is a major problem that they face, 57.5% choose job rigidity, 20% said lack of childcare, 12.5% responded to the responsibility of elderly care, 50 % have the problem of low pay while 2.5% do more than one job to make their ends meet or to earn a decent income based on their qualification, 17.5% responded that they do not get enough paid leave. Women face one or more than one of these problems in their work- life balance along with the earlier mentioned ones. Each one of these problems require different solutions. While some solutions can be provided by Government others can be only possible through personal decisions and through the support of the family and the society.

CHAPTER IV

FINDINGS AND SUGGESTIONS

4.1 FINDINGS

Kerala has made achievements concerned with women, men and women are at par with each other at the educational front, While the social status of women in the state is good it is not the case at the economic front. This is very evident at the job sector, The participation of women in work- force is very low in the country, the same is true for Kerala. However, women are nowadays increasingly trying to join the work- force. Most of the time they choose to work in the service sector, since in the state the proportion of women is larger it is the many women join the paramedical sector. As in the case of any medical sector, the paramedical is also hectic. Therefore, it is very difficult especially for women in this field to maintain a Work-Life balance. Women face many problems such as difficulty in child care as women are the primary care givers of children especially kids. Therefore long working hours, long travelling hours and a rigid job can affect them, Long hours of work can also affect the health of women in many ways, especially during the time of menstruation and pregnancy. Travelling also causes many inconveniences due to lack of better transportation facilities, street lights make it difficult and sometimes dangerous to travel at night.

- The study found that a significant number of women professionals in the paramedical sector were between the ages of 26-34, indicating a relatively young workforce. The majority of respondents were married, indicating the prevalence of family responsibilities among these women. In terms of education, an equal percentage of respondents held diplomas and undergraduate degrees, highlighting the diversity of educational backgrounds in the paramedical sector.
- The job profiles of the respondents varied, with lab technicians, pharmacists, and physiotherapists being the most common roles. Working hours ranged from 5 to 15 hours per day, with a considerable portion of respondents working for more than 12 hours, often due to multiple jobs or financial constraints.
- The educational qualifications indicates that a considerable proportion of women professionals in the paramedical sector in the ward have completed diploma or undergraduate programs. However, there is also representation from postgraduates and individuals with additional degree or certificate qualifications.
- The study highlights that most of the respondents worked for more than 6 hours, which is the conventional working time in an organized sector. It also reveals that some respondents worked for more than 12 hours, potentially indicating the necessity to take up multiple jobs due to low pay or financial reasons. These findings shed light on the working hour patterns among women professionals in the study area, emphasizing the need to consider the implications of extended working hours on work-life balance and overall well-being.
- Regarding work-life balance, a significant number of respondents reported that work-related activities after returning home and overtime work had an impact on their work-life balance. Challenges such as safety concerns during travel, non-availability of public transport, unwanted attention, and limited access to sanitation facilities at the workplace were also identified.

- Despite these challenges, the study revealed that a notable percentage of respondents expressed job satisfaction, with some even considering their job to be better or very satisfying. This highlights the resilience and dedication of women professionals in the paramedical sector in Muttada ward, despite the obstacles they may face.

4.2 SUGGESTIONS

- Better public transportation made available at regular intervals so that travelling away for work is more comfortable
- Better pay for work and reduction in working hours, which will reduce stress and other health related problems. It will also help in increasing the productivity at work
- Making women more aware on the laws related to sexual and other acts of violence.

4.3. CONCLUSION

The study focuses on the work-life balance of women in the paramedical sector. Women at present are increasingly joining the work-force. In Kerala this is even important because the population of women is much larger than that of men in the state. This is due to various factors like the favorable sex ratio, migration of men to other countries for work, women tend to live longer than men on average. Thus, women as a workforce is an important factor for the state. Studies show that women on an average prefer to work in the service sector, if so, there will be more influx of women into the paramedical sector, Even though this sector provides opportunities to the women, she faces many problems such as long working hours, lack of basic

facilities and other help regarding care of children and elderly. Low pay is another major factor which also lead to exploitation of women. Future demands that women should join in the labour force, this will only lead to greater results like higher GDP, better living conditions. Thus it is imperative that facilities such as daycares, comfortable and accessible transportation facilities, better sanitation facilities, and more importantly a better wage perhaps would help in improving the work-life balance of women to some extent

APPENDIX

END NOTES

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QUESTIONNAIRE

To elicit information on *Work-Life Balance among Women in the Paramedical Sector: A Study with special reference to Trivandrum*. We request you to kindly answer all the questions.

1. Name

2. Age

- ☐ 18-25
- ☐ 26-34
- ☐ 36-42
- ☐ 43-49
- ☐ Above 50

3. Marital Status

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Widow

4. Gender

- ☐ Male
- ☐ Female
- ☐ Transgender

5. Level of education

- ☐ SSC/metric
- ☐ 12th
- ☐ Diploma
- ☐ Under Graduate
- ☐ Post- Graduate
- ☐ Vocational
- ☐ Other:

6. Choose your profession

- ☐ Lab technician
- ☐ Pharmacists
- ☐ X- ray technician
- ☐ Physiotherapist
- ☐ Dental machine Technician
- ☐ Pathology Technician
- ☐ CT scan technician
- ☐ MRI scan technician
- ☐ Optical Laboratory Technician
- ☐ Ophthalmic assistant
- ☐ Operation Theatre Technicians
- ☐ Other:

7. How many hours do you work? please mention the hours and time (For example; 9-5 , 7 hrs) _____

*

8. How following factors affect you in balancing your work and family life together

9 Choose Yes or No

Yes

No

- a. Are you aware of the POSH Act ,2013?
- b. Do you have enough sanitation facilities at your work-place?
- c. Are you part of any worker's organization / union
- d. Are you the head of your family?
- e. Do you have any elderly at your house?
- f. Get paid leave when required

10. Rate the following

Very satisfied Better Good Unsatisfied No comment

Income level

Job satisfaction

Support from spouse / husband

Support from family members

Managing domestic and work life

11. In case you face any harassment from colleagues, who did you face it from?

- ☐ Female colleagues
- ☐ Male colleagues
- ☐ Senior male employees
- ☐ Senior women employees
- ☐ Junior colleagues (male)
- ☐ Junior colleagues (female)
- ☐ Both
- ☐ Others
- ☐ No comment
- ☐ Not applicable

12.How distant is your residence from the work place?

- ☐ 30-40 minutes
- ☐ 40- 50 minutes
- ☐ 50minutes- 1 hr
- ☐ 1hr - 2 hr
- ☐ More than 2 hr

13. Do you any problems in your work life?

Mark only one oval per row.

	Regularly	occassionaly	Sometimes	Rarely	No Comment	Not applicable
Gender discrimination at work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty while travelling to and from work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intense stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health related problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harassment from clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment benefits from the institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend hours on recreational activities after the completion of office and domestic work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete your family commitments wothout any interference from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have helper or maid at your house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deprievation of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Do you face any of these issues in family life because of your work-life?

Mark only one oval per row.

	Always	Sometimes	Occasionally	Rarely	No issues	Not applicable
Cannot spent enough time with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot do household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot travel with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot attend family functions/celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot give enough attention to children's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please mention the difficulty that you face or faced while travelling between * home and work- place.

- ☐ Travel alone during night does not feel safe
- ☐ Non- availability of public transport at regular intervals
- ☐ Stares and comments from men
- ☐ Unwanted
- ☐ attention Other:

16. In case you are aware of the POSH act, What is the source of your knowledge about the act?

- ☐ Family friends Colleagues
- ☐ While training
- ☐ Through the institution you are working
- ☐ Govt ads
- ☐ Other

17. In case you don't have enough sanitation facilities at your work-place, what* is the alternatives that you use? Please mention .

- ☐ Public Toilet
- ☐ Use the facility from nearby shop
- ☐ Do not have any alternative
- ☐ Have a facility in my institution
- ☐ Not applicable
- ☐ Other

18. What proportion of your income you spend on household consumption

- ☐ All of your income
- ☐ Half of your income
- ☐ Quarter
- ☐ Less than quarter
- ☐ None

19. What proportion do you spent on personal consumption?

- ☐ All of your income
- ☐ Half of your income
- ☐ Quarter
- ☐ Less than quarter
- ☐ None

20. In you have elderly at your house, in case they are bedridden or needs support who is primarily responsible f or their care?

Tick all that apply.

- ☐ You
- ☐ Your mother (in case you live with your family)
- ☐ Your spouse
- ☐ Home nurse
- ☐ Not Applicable
- ☐ Other:

21. If there is no help/maid who helps you with the household chores?

- ☐ Your husband
- ☐ Mother-in law
- ☐ Yourself
- ☐ Others
- ☐ Not applicable

22. What is the reason you have not hired a helper?

- ☐ Because both are manageable together
- ☐ Financial reasons
- ☐ Because you get help from your spouse.
- ☐ Because your mother does the house hold chores
- ☐ Not applicable
- ☐ Other:

23. *Choose any of the problems that you face in your Work-life balance*

- ☐ Long working hours
- ☐ Job rigidity
- ☐ Lack of child care support
- ☐ Lack of familial support
- ☐ Responsibility of elderly care
- ☐ Lack of better sanitation facilities
- ☐ Gender bias/discrimination in work place
- ☐ Do more than one job because of low pay
- ☐ Other:

24. Mention any suggestions for the improvement of the work-life balance of women in the Paramedical sector

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THANK YOU