

# **Study on the Impact of Work from Home Culture on the Physical Health of Urban Women: A Special Reference to Patna District**

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## **Abstract**

The COVID-19 pandemic induced an abrupt shift to Work from Home (WFH) culture, significantly impacting the lives of urban women, especially in developing regions like Patna, Bihar. This study investigates the physical health challenges experienced by 500 urban women (250 homemakers and 250 working women) during the WFH period, using structured questionnaires and interview methods.

Findings reveal that both groups reported substantial health issues, though the nature and prevalence varied. Working women experienced higher incidences of stress-induced conditions such as back pain (71.20%), shoulder pain (66.40%), and headaches (74.00%), primarily due to prolonged screen time, multitasking, and poor ergonomics. Conversely, homemakers were more vulnerable to chronic health concerns like anemia (25.20%), diabetes (24.00%), and breathing problems (49.20%), often attributed to nutritional neglect, household stress, and lack of healthcare access.

Eye-related issues such as pain, watering, and dryness were common among both groups, with working women slightly more affected. Foot-related problems, including heel pain and swelling, were higher among homemakers, while working women reported more tingling sensations—indicative of sedentary strain.

The study underscores the importance of targeted health interventions, awareness programs, ergonomic education, and policy-level support to safeguard women's physical health in both professional and domestic environments. It also advocates for the inclusion of gender-sensitive strategies in public health policies, especially post-pandemic.

## **Keywords**

Work from Home (WFH), Urban Women, Physical Health, Homemakers, Working Women, COVID-19, Patna, Eye Strain, Musculoskeletal Disorders, Lifestyle Diseases, Ergonomics, Women's Health, India.

## **1. Introduction**

The COVID-19 pandemic has fundamentally reshaped global work systems, particularly in developing countries like India, where traditional family structures and gender roles remain deeply embedded. The abrupt shift to a Work from Home (WFH) culture introduced significant transformations in the lives of urban women, who suddenly found themselves juggling professional responsibilities alongside intensified domestic duties, often mediated through digital platforms. This dual burden has had profound implications for their physical health.

While WFH offered the convenience of working within the home environment, it also escalated the challenges of time management, household chores, and psychological stress. Managing children's online education, caregiving for family members, and fulfilling job responsibilities simultaneously posed considerable challenges. This unprecedented convergence of home and work life led to irregular daily routines, disrupted eating patterns, and increased mental stress—factors that collectively contributed to the deterioration of women's physical well-being (Sharma et al., 2021; Singh & Kaur, 2022).

Previous research has emphasized how the blurring of professional and personal boundaries under WFH arrangements has significantly contributed to heightened stress levels and work-life imbalance among women (Kaur & Gupta, 2020). In the Indian socio-cultural context, where domestic chores disproportionately fall on women, the pandemic further intensified this workload, often compelling them to neglect their own health and self-care (Choudhary et al., 2019).

Nutritional challenges also became more pronounced during the pandemic. Restricted market access, inflated food prices, and fear of contamination made it difficult for women to provide balanced and nutritious meals for their families. These constraints not only impacted family health but also led to increased fatigue and physical exhaustion among women themselves (Kumari & Pandey, 2023).

In the state of Bihar, particularly in its capital city Patna, these effects were exacerbated due to pre-existing gender inequalities, limited resources, and poor health literacy. The pandemic further deepened these structural challenges, making it crucial to explore how urban women navigated and responded to such multifaceted difficulties.

This research seeks to examine, in depth, the physical health impacts of the WFH culture on urban women during the pandemic. It also aims to explore the coping mechanisms women adopted, their strategies for managing time, energy, and nutrition, and the extent of institutional or digital support they received. In doing so, the study not only assesses the health consequences of the pandemic-induced remote work model but also offers insights into women's empowerment, policy needs, and areas for future intervention to enhance women's well-being.

Multiple studies corroborate these concerns. Kaur and Sharma (2021) found that prolonged screen time and multitasking significantly increased complaints of musculoskeletal disorders among working women in India. Verma et al. (2022) highlighted elevated stress levels and hypertension resulting from disrupted work-life balance. Bose and Chatterjee (2021) reported a marked decline in physical activity among women during the lockdown, increasing the risks of sedentary lifestyle-related diseases. Mishra (2020) noted the psychosomatic effects of WFH, where mental stress manifested as physical ailments. The

World Health Organization (2021) also observed that increased caregiving duties and inadequate rest severely affected women's physical health across the globe.

Collectively, these studies affirm a strong correlation between the work-from-home culture and a decline in women's physical health, particularly in urban settings.

## Objectives-

- To study the Physical health issues experienced by urban women (Home Maker) during the work-from-home (WFH) period.
- To study the Physical health issues experienced by urban women (Working Women) during the work-from-home (WFH) period.

## Methodology

For this study, a total of 500 urban women from Patna city were selected, comprising 250 working women and 250 non-working (homemaker) women. The sampling was done using purposive and convenience sampling techniques.

Data collection was carried out through interviews and a structured questionnaire schedule. The questionnaire included items related to socio-economic background, work-from-home experiences, and the physical and mental health impacts.

The collected data were analysed using percentage methods and graphical representations (charts and graphs) to enable a comparative analysis between working and non-working women.

## 2. Result and Discussion-

Table &1-1

**Distribution of Respondents Based on General Information**

S.N.	VARIABLES	HOME MAKERS N=250	%	WORKING WOMEN N=250	%
1	<b>Age</b>				
	21–30 years	34	13.60%	95	38.00%
	31–40 years	192	76.80%	103	41.20%
	41–50 years	19	7.60%	40	16.00%
	51–60 years	5	2.00%	12	4.80%
2	<b>Educational Qualification</b>				
	High School	3	1.20%	1	0.40%

S.N.	VARIABLES	HOME MAKERS N=250	%	WORKING WOMEN N=250	%
	Intermediate	3	1.20%	6	2.40%
	. Graduate	173	69.20%	94	37.60%
	Postgraduate	71	28.40%	149	59.60%
<b>3</b>	<b>Occupation</b>				
	Teacher/Professor	–	–	200	80.00%
	Management Sector	–	–	50	20.00%
<b>4</b>	<b>Type of Family</b>				
	Nuclear	171	68.40%	212	84.80%
	Joint	79	31.60%	38	15.20%
<b>5</b>	<b>Number of Family Members</b>				
	1–5 members	158	63.20%	161	64.40%
	6–10 members	83	33.20%	81	32.40%
	11–15 members	6	2.40%	4	1.60%
	16–20 members	3	1.20%	4	1.60%
<b>6</b>	<b>Number of Children</b>				
	0	5	2.00%	72	28.80%
	1–2 children	209	83.60%	157	62.80%
	3–4 children	31	12.40%	18	7.20%
	5–6 children	5	2.00%	1	0.40%
	7–8 children	0	0.00%	2	0.80%
<b>7</b>	<b>Family Occupation</b>				
	Government Job	20	8.00%	38	15.20%
	Private Job	184	73.60%	149	59.60%

S.N.	VARIABLES	HOME MAKERS N=250	%	WORKING WOMEN N=250	%
	Business	45	18.00%	56	22.40%
	Agriculture	1	0.40%	7	2.80%
<b>8</b>	<b>Family Income (Monthly in ₹ '000)</b>				
	₹11,000–₹20,000	0	0.00%	7	2.80%
	₹21,000–₹30,000	4	1.60%	13	5.20%
	₹31,000–₹40,000	15	6.00%	15	6.00%
	. ₹41,000–₹50,000	165	66.00%	45	18.00%
	₹51,000–₹60,000	25	10.00%	14	5.60%
	₹61,000–₹70,000	13	5.20%	30	12.00%
	₹71,000–₹80,000	11	4.40%	34	13.60%
	₹81,000–₹90,000	7	2.80%	25	10.00%
	₹91,000–₹1,00,000	7	2.80%	33	13.20%
	Above ₹1,00,000	3	1.20%	34	13.60%
<b>9</b>	<b>Type of Illness (if any)</b>				
	a. High Blood Pressure	60	24.00%	46	18.40%
	b. Diabetes	63	25.20%	36	14.40%
	c. B.P. (High Blood Pressure)	38	15.20%	29	11.60%
	Thyroid	7	2.80%	7	2.80%
	Obesity	0	0.00%	6	2.40%
	Migraine	0	0.00%	14	5.60%
	Joint Pain	40	16.00%	74	29.60%
	Cough	8	3.20%	0	0.00%

S.N.	VARIABLES	HOME MAKERS N=250	%	WORKING WOMEN N=250	%
	Indigestion	27	10.80%	15	6.00%
	No Illness	7	2.80%	23	9.20%

## ➤ **Age-wise Distribution:**

The data reveals that the majority of homemakers (76.80%) fall in the 31–40 age group, whereas working women are almost equally distributed between 21–30 years (38%) and 31–40 years (41.20%). This suggests that most homemakers belong to a slightly older age group, which may affect their health perceptions and priorities differently than younger working women, who are likely more engaged in formal work and modern lifestyles.

## ➤ **Educational Qualification:**

A significant difference is observed in the educational levels. Among working women, 59.60% are postgraduates, while only 28.40% of homemakers have attained this level. Most homemakers (69.20%) are graduates. This suggests that higher education levels may be linked to employability and professional engagement. It also implies that working women may have better access to information and resources, potentially influencing their health behavior and awareness positively.

## ➤ **Occupation:**

All homemakers were non-working, while among working women, 80% were engaged in teaching or professorial roles, and 20% worked in the management sector. This indicates that a substantial proportion of working women are involved in knowledge-based or educational professions, which could correlate with a heightened sense of health responsibility and awareness.

## ➤ **Type of Family:**

The majority of both groups live in nuclear families; however, the proportion is higher among working women (84.80%) compared to homemakers (68.40%). This may be due to the urban migration and independence often required for working women. Joint families were more common among homemakers, possibly due to traditional cultural norms and gender roles in extended family systems.

## ➤ **Number of Family Members:**

Most respondents from both groups had small to medium-sized families. 63.20% of homemakers and 64.40% of working women had 1–5 family members. However, larger families (more than 10 members) were rare. Smaller family size could be linked to better resource management, health care attention, and nutritional planning.

## ➤ **Number of Children:**

It was notable that 83.60% of homemakers had 1–2 children, while among working women, 62.80% had 1–2 children, and 28.80% had no children. This trend could be associated with family planning decisions

influenced by career goals among working women. Fewer children in working families could lead to better health monitoring and education.

## ➤ **Family Occupation:**

Private jobs dominated among both groups' families — 73.60% among homemakers and 59.60% among working women. Government employment and business were secondary sources. Families with steady private or government income are more likely to have regular access to health care, contributing to better health behavior.

## ➤ **Family Income:**

This parameter revealed significant economic differences. While 66% of homemakers belonged to the ₹41,000–₹50,000 monthly income range, income levels among working women were more diversified, with a higher proportion (13.60%) earning above ₹1,00,000. This financial stability among working women may positively influence their ability to access healthcare services, nutritious food, and a healthy lifestyle.

## ➤ **Health Issues:**

The prevalence of health issues differed across groups:

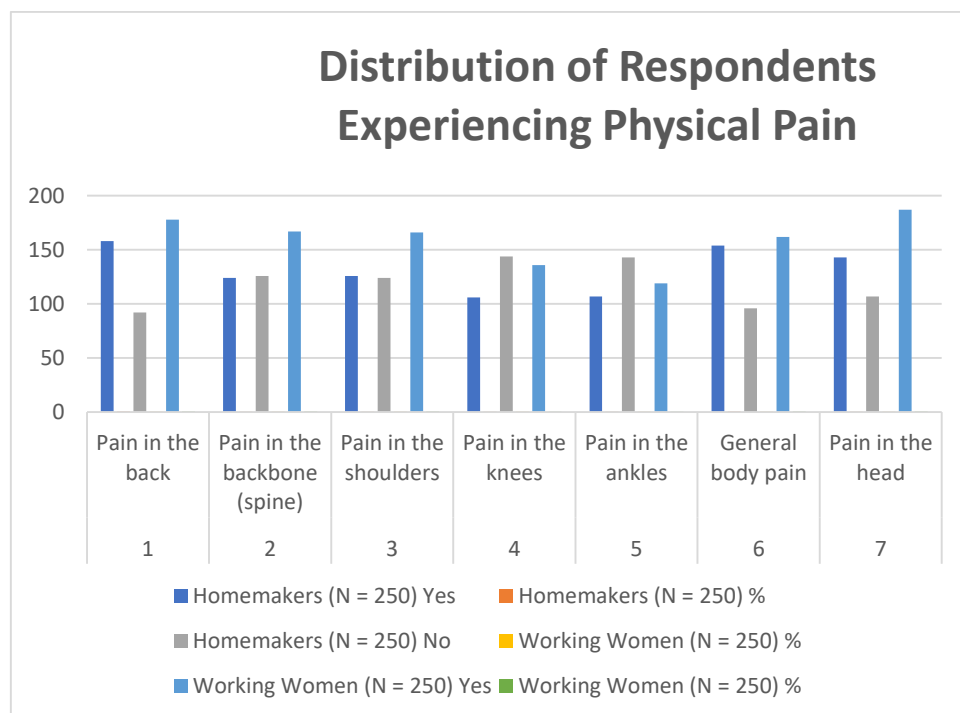
- **High blood pressure (24%) and diabetes (25.20%)** were common among homemakers.
- **Joint pain (29.60%) and migraine (5.60%)** were more common among working women, possibly due to stress and lifestyle habits.
- Interestingly, 9.20% of working women reported no health problems compared to only 2.80% of homemakers, indicating better self-care practices among working women.

These findings suggest that while homemakers face more chronic health conditions, working women are more vulnerable to lifestyle-related disorders. The physical inactivity of homemakers and stress levels in working women could be contributing factors. Additionally, education and income seem to play a role in managing or preventing these conditions.

**Table 1.2**  
**Distribution of Respondents Experiencing Physical Pain**

S. No.	Statement	Homemakers (N = 250)		Working Women (N = 250)	
		Yes	No	Yes	No
1	Pain in the back	158	63.20%	92	36.80%
2	Pain in the backbone (spine)	124	49.60%	126	50.40%

S. No.	Statement	Homemakers (N = 250)			Working Women (N = 250)		
3	Pain in the shoulders	126	50.40%	124	49.60%	166	66.40%
4	Pain in the knees	106	42.40%	144	57.60%	136	54.40%
5	Pain in the ankles	107	42.80%	143	57.20%	119	47.60%
6	General body pain	154	61.60%	96	38.40%	162	64.80%
7	Pain in the head	143	57.20%	107	42.80%	187	74.00%



## Discussion on Physical Pain Among Respondents

The analysis of data related to physical pain among respondents reveals significant differences between homemakers and working women.

The highest percentage of respondents experiencing **general body pain** was observed among both homemakers (63.20%) and working women (64.80%), indicating that physical discomfort is common across both groups, regardless of employment status.



In terms of **back pain**, 71.20% of working women reported this issue compared to 63.20% of homemakers. This suggests that back pain is more prevalent among working women, possibly due to long hours of sitting, stress, or lack of physical activity.

Regarding **spinal pain**, 49.60% of homemakers experienced discomfort, whereas the figure was higher for working women at 66.80%. This indicates that spinal strain is significantly more prominent among working women, potentially linked to prolonged work posture and job-related stress.

For **shoulder pain**, 50.40% of homemakers and 66.40% of working women reported suffering. Again, working women showed a higher incidence, which could be associated with sedentary work routines or repetitive movements during professional tasks.

**Knee pain** was reported by 42.40% of homemakers and 54.40% of working women. Similarly, **ankle pain** affected 42.80% of homemakers and 47.60% of working women. These results indicate that both categories face lower limb discomfort, although slightly more in working women—potentially due to daily commuting or standing for extended periods.

**Headache (pain in the head)** was found to be the most pronounced in working women (74.00%) compared to homemakers (57.20%). This significant difference may be attributed to mental stress, multitasking, and the dual burden of managing work and home responsibilities.

Overall, while physical pain is common in both groups, working women consistently report higher incidences across most categories. The findings point towards the influence of occupational stress, work posture, and time pressure as contributing factors to physical discomfort among employed women.

**Table 1.3**

**Distribution of Respondents Based on Eye-Related Problems**

• No.	Statement	Homemakers (N=250)			Working Women (N=250)		
		Yes (Number)	%	NO (%)	Yes (Number)	%	No (%)
1	Pain in the eyes	133	53.20%	46.80%	147	58.80%	41.20%
2	Watering of eyes	97	38.80%	61.20%	129	51.60%	48.40%
3	Irritation in the eyes due to water/dryness	118	47.20%	52.80%	131	52.40%	47.60%

## Discussion Based on Table 1.3: Eye-Related Health Issues

The data presented in Table 1.3 reveals a notable prevalence of eye-related health concerns among both homemakers and working women, with a slightly higher frequency observed in the latter group.

More than half of the respondents reported **pain in the eyes**, with 53.20% of homemakers and 58.80% of working women acknowledging the problem. This suggests that eye strain is a common issue for both groups, though it is slightly more prominent among working women, possibly due to prolonged screen exposure in work environments or lack of rest.

In terms of **watering of eyes**, 38.80% of homemakers reported experiencing this symptom, whereas a higher percentage of working women (51.60%) were affected. This may be due to continuous use of digital devices, air-conditioned workspaces, or poor lighting conditions at the workplace — factors that are more prevalent in the lifestyle of employed women.

Furthermore, **eye irritation due to water exposure or dryness** was reported by 47.20% of homemakers and 52.40% of working women. Once again, the working group shows a higher prevalence, indicating a greater susceptibility to environmental factors such as dust, air conditioning, pollution, or inadequate hydration during long working hours.

These findings underscore that while homemakers are not exempt from eye-related problems, working women tend to experience such issues more frequently. This could be attributed to the nature of their work, screen time, and workplace environment. The increasing digital dependency in professional settings appears to be a critical factor affecting ocular health among employed women.

**Table 1.4**

**Distribution of Respondents Based on Foot-Related Problems**

S. No.	Statement	Homemakers (N = 250)		Working Women (N = 250)	
		Yes	%	No	%
1	Pain in the heels (ankle area)	147	58.80%	103	41.20%
2	Swelling in the feet	176	71.20%	72	28.80%
3	Tingling or numbness in feet	136	54.40%	114	45.60%
4	Swelling in muscles of feet	159	63.60%	91	36.40%

## Discussion Based on Table 1.4: Foot-Related Issues

The data from Table 1.4 reveals that foot-related discomforts are prevalent among both homemakers and working women, though certain symptoms are reported more frequently by homemakers.

A significant portion of **homemakers (58.80%)** reported experiencing **pain in the heel/ankle area**, compared to **45.60%** of working women. This suggests that homemakers, who may spend more time standing or walking on hard surfaces at home without proper foot support, are more prone to this type of pain.

In terms of **swelling in the feet**, the issue was common across both groups, with **71.20%** of homemakers and **64.80%** of working women reporting it. While both groups experience it heavily, homemakers showed a higher prevalence, which could be related to long durations of standing during household chores or insufficient rest.

**Tingling or numbness in the feet** was reported by **54.40%** of homemakers and **58.40%** of working women. The slight dominance among working women may be attributed to sedentary lifestyles, poor circulation due to prolonged sitting, or stress-related nerve issues.

When it comes to **muscular swelling in the feet**, 63.60% of homemakers experienced this issue, compared to 49.60% of working women. This again highlights a greater incidence of physical strain among homemakers, possibly due to continuous physical exertion and lack of ergonomic awareness in their daily activities.

Overall, the data indicates that while foot-related problems are widespread in both groups, homemakers tend to experience more pain and swelling, likely due to physical strain from daily household responsibilities. On the other hand, working women face slightly higher levels of tingling or numbness, potentially linked to prolonged sedentary work conditions.

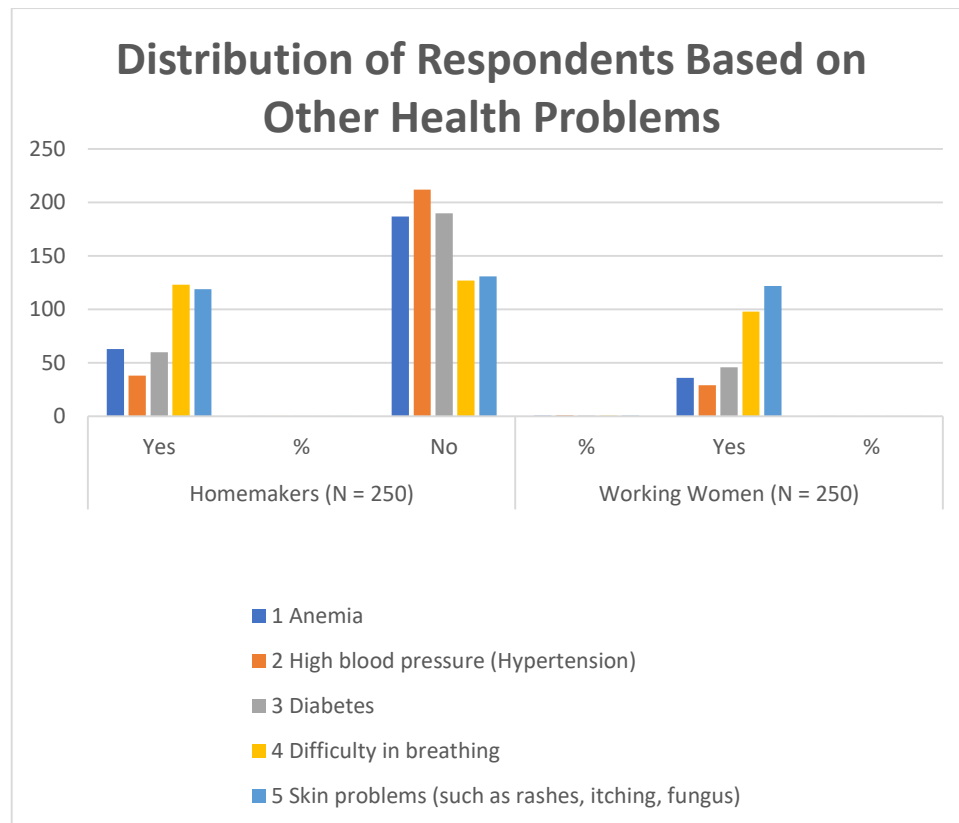
These findings emphasize the need for both groups to receive education on posture, foot care, proper footwear, and regular rest or movement breaks—each suited to their specific lifestyle patterns.

**Table 1.5**

**Distribution of Respondents Based on Other Health Problems**

S. No.	Statement	Homemakers (N = 250)		No	Working Women (N = 250)		
		Yes	%		%	Yes	%
1	Anemia	63	25.20%	187	74.80%	36	14.40%
2	High blood pressure (Hypertension)	38	15.20%	212	84.80%	29	11.60%
3	Diabetes	60	24.00%	190	76.00%	46	18.40%
4	Difficulty in breathing	123	49.20%	127	50.80%	98	39.20%

S. No.	Statement	Homemakers (N = 250)			Working Women (N = 250)		
5	Skin problems (such as rashes, itching, fungus)	119	47.60%	131	52.40%	122	48.80%



## Discussion Based on Table 1.5: Other Health Issues

Table 1.5 presents data related to various general health problems among homemakers and working women. The findings show that both groups experience a range of health challenges, though the prevalence varies.

- **Anemia** was more commonly reported among homemakers (25.20%) compared to working women (14.40%). This suggests that homemakers may be more vulnerable to nutritional deficiencies, possibly due to neglect of personal health or lack of awareness about iron-rich diets.
- **High blood pressure (hypertension)** was found among 15.20% of homemakers and 11.60% of working women. Though the numbers are relatively low, the presence of hypertension in both groups indicates rising lifestyle-related health concerns, even among non-working women.

- **Diabetes** affected 24.00% of homemakers and 18.40% of working women. This reinforces the trend that chronic diseases are becoming increasingly common among women, regardless of employment status. However, the slightly higher rate in homemakers may be due to sedentary lifestyles and lack of regular health monitoring.
- **Breathing problems** were reported by nearly half of the homemakers (49.20%) and by 39.20% of working women. This indicates that indoor exposure to dust, smoke from cooking, and poor ventilation could be affecting homemakers more severely. However, a substantial number of working women also reported this issue, possibly due to pollution and commuting-related exposure.
- **Skin-related problems** such as itching, rashes, and fungal infections were nearly equally prevalent in both groups—47.60% in homemakers and 48.80% in working women. This suggests that skin issues are widespread and not confined to a particular lifestyle or work type. Common causes could include seasonal infections, water quality, and personal hygiene routines.

### Overall Interpretation:

The analysis indicates that while both homemakers and working women are facing multiple health issues, homemakers are slightly more affected by **anemia**, **diabetes**, and **breathing problems**, likely due to lower health awareness, nutritional imbalance, or lack of medical intervention. Working women, although generally healthier in these respects, are not immune and show similar patterns—especially in terms of **skin problems** and emerging lifestyle diseases.

This data emphasizes the need for regular health checkups, awareness programs on nutrition and personal hygiene, and disease prevention measures tailored to the daily routines and risk factors of both groups.

### 3. Conclusion

This research aimed to analyze and compare various health problems—physical, visual, skeletal, and general—among homemakers and working women. The results, based on quantitative data collected from 500 respondents (250 homemakers and 250 working women), provide several meaningful insights:

#### 1. Demographic Profile:

Most homemakers were aged 31–40 years and lived in joint or nuclear families, with 1–2 children and medium income levels. In contrast, working women were relatively younger (21–40 years), more educated (majority postgraduates), and had higher family incomes.

#### 2. Physical Health Issues:

Pain in the back (71.20%), shoulders (66.40%), and head (74.00%) was more prevalent among working women. Homemakers, though not far behind, reported similar issues but at slightly lower rates. General body pain was common in both groups, reflecting widespread fatigue and stress.

**3. Eye-Related Problems:**

Both groups experienced significant eye discomfort. 58.80% of working women and 53.20% of homemakers reported eye pain. Watering of eyes and irritation due to dryness were also common, particularly among working women—likely due to prolonged screen time and occupational exposure.

**4. Foot and Joint Pain:**

Pain and swelling in the heels and feet were reported more by homemakers, with 71.20% experiencing swelling. Working women reported more tingling or numbness, possibly due to prolonged sitting or standing in office environments.

**5. Other Health Issues:**

Anemia (25.20%), diabetes (24.00%), and high blood pressure (15.20%) were more common in homemakers. Breathing difficulties and skin issues (around 47–48%) were prevalent across both groups, indicating environmental and lifestyle factors at play.

**6. Occupational Influence:**

The data suggests that although working women have better access to education, income, and health information, they still suffer from stress-induced or posture-related problems. Homemakers face more chronic and nutritional deficiencies due to physical labor, lack of awareness, and often neglected health priorities.

**4. Recommendations**

In light of the above findings, the following recommendations are proposed to improve health awareness, prevention, and overall well-being of both homemakers and working women:

**1. Nutrition and Lifestyle Awareness**

- Organize nutrition-focused workshops emphasizing iron-rich diets, balanced meals, and hydration—especially for homemakers.
- Educate women on reducing sugar, salt, and fat intake to control hypertension and diabetes.

**2. Health Screenings and Medical Camps**

- Regular medical check-ups should be encouraged, with free or subsidized screening for anemia, diabetes, and blood pressure in communities.
- Collaborate with local health authorities and NGOs to conduct health camps at workplaces and residential colonies.

**3. Mental and Physical Well-being Initiatives**

- Promote yoga, meditation, and light physical exercises tailored for both groups.

- Introduce workplace wellness policies, ergonomic seating arrangements, and stress-relief programs for working women.

#### **4. Eye and Posture Care**

- Conduct awareness drives on digital eye strain, screen hygiene, and proper posture for working women.
- Homemakers should be encouraged to take regular breaks, use supportive footwear, and maintain proper body posture during chores.

#### **5. Hygiene and Personal Care**

- Awareness programs on skin health, fungal infections, and safe use of cosmetics and detergents should be organized.
- Special focus should be given to improving household ventilation and clean water access.

#### **6. Community-Level Engagement**

- Create women's health clubs or support groups at the village/ward level.
- Train local women volunteers as health ambassadors to disseminate accurate information and motivate behavior change.

#### **7. Policy Recommendations**

- Government schemes like POSHAN Abhiyan and National Health Mission should integrate awareness modules on women's day-to-day health issues.
- Health insurance literacy should be increased so that women can avail of government and employer-provided schemes.

This study highlights that both homemakers and working women suffer from significant yet distinct health challenges. Where working women face stress and posture-related issues, homemakers struggle with chronic and nutrition-based conditions. Effective intervention requires a **dual approach**—one that addresses the unique needs of each group while also promoting common health education, early diagnosis, and sustained wellness practices.

Ensuring the health of women, regardless of their occupation, is crucial not only for their personal well-being but also for the health and progress of families and society as a whole.

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