

Work-Life Driven Social, Mental and Physical Health Status Conflict of Working Women

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Abstract:

Background of the Study: The pressure of sustainability and competitive performance at the workplace over the years is a significant constraint for personal and social life of working class individuals. Hence, any imperfect balance between the work life and personal & social life results into several unfavorable effects on the social, mental and physical health of the working class individual. This research work is an effort to create some empirical evidences presenting the social, mental and physical health conflicts driven by the work life of working women of Private and Public sector banks of India. **Research Methods:** Universe of the study was working women of public and private sector banks of India. But, for research specificity and generalization of the results, the geographical scope of research was restricted up to the working women of public and private sector banks of five states of India (Rajasthan, Delhi, Uttarpradesh, Gujarat and Madhyapradesh). Data from the 2,275 working women sample population were analyzed. Multivariate linear regression model was used to determine the effect of work life on social, mental and physical health conflicts and one-way analysis of variance test was used for comparative analysis to assess the demographic variables based variability in the working women responses for the effect of work life on social, mental and physical health conflicts. **Empirical Conclusions:** The research work statically proves the association and the variations in the association between the social, mental, physical health conflicts and work-life of private sector working women. The results help to identify the need of developing the conducive work culture and working conditions for the workers to competitively deal with social, mental and physical health conflicts.

Keywords: Work-Life, Working Class, Social, Mental and Physical Health, Work Culture, Working Women

Introduction

Rigid and inflexible working pattern practices and patterns have been evolved over the years and its corresponding effects of the working class individuals' Social, Mental and Physical Health is significantly noticed by the researches [1-4]. Time as a limited variable particularly in context to the working hours available for a working class individual confronting working individual with several challenges and lead them for compromising their social, mental and physical health. Continuous compromising behavior in long run results into multidimensional role conflicts for an individual which he/ she is supposed to play as a social person and family members. The successive effect of this role conflicts affect individuals' social, mental, physical health and capacity to perform in working environment in totality. Particularly for the working women things become more crucial as the role of the women in daily household activities results into imbalanced work-life and personal life and make the things more difficult to manage in both the lives [2-3]. As society is observing a noticeable shift for the role played by women as a household activity manager into a work manager, this is multirole capacity lead into the work-life conflicts for women. The major reasons behind the work-life conflict is dissatisfactions arose due to the pressures to perform with the multirole capacity and inability to perform at the extent of satisfaction at all the domains, and the inefficiency to balance the different aspects of personal and professional life. Any such role conflict packed with the senses of dissatisfaction may affect the social, mental, physical health of working women [5, 6, 7].

Work-life conflict and its relationship with the different kinds of health issues, mainly mental health issues [19-21], physical health issues [14-16] followed with social and psychological distressing issues [14, 18] has been revealed by some scholars. However, the extent of work-life conflict effect on social, mental, physical health may differ by demographic characteristics particularly gender due to uneven distribution of personal and professional roles and capacities. Eek and Axmon [26] revealed higher level of exhaustion, stress and physical health distress symptoms in women due to unequal distribution of roles, work and activities. So, a significant relationship between the work-life conflict and physical, mental and social health was reported.

Gender associated Work-Life Balance

Gender as a demographic variable plays key role to understand the distributions of all life related activities among male and female of the family or society and how the activities are performed. In context to India as well as for the other countries around the globe, there is no need to present the evidence for the differences in the roles played by men and women, as conventionally the role of women is associated with the family and household activities and on other side the role of men is associated with all kind of

economic or paid work activities [9, 34]. For example, Boye [10] mentioned that near about 40% of the working-age women are not engaged with the paid activities and in comparison to the men of family they spend more hours of daily life for unpaid work activities. However, with the change of the roles of women into the society a significant decrease in the unpaid working hours of women have been observed and this reduction in the working hours spent on family and household activities is attributed by the increasing role of women in labor market and change in the conventional mindset of men to perform household activities. Hochschild [9] mentioned the role of the women become multidimensional nowadays as the participation and contribution of women in labor market mean paid activities have been dramatically increased and lead into increase in their total working hour inclusive of paid work hours and non-paid work hours. This increase in the working hours significantly reduces the role of women in their family and personal health and also carried into the compromising behavior for the health issues.

Coherently common view point stands that the work-life conflict is proportionally related with the increase in the total hours spent by the women either on paid or non-paid activities, so higher engagement of women in professional and personal activities will increase the work-life conflict [18]. Performing the multidimensional role by any of the individual attributed role strains and directs the individual to compromise any one role due to the pressure created by another role. Frone et al. [15] pointed that rigid and long working hour, psychological and physiological association in work, lack of flexibility in working hours, lack of functional role to be played and role overload are the few major driving variables of the work-life conflict among working individual. Several studies have mentioned the gender and work-life conflicts [33, 13, 19], however results and findings presented by the studies are contradictory and inconclusive, as while some studies confirmed insignificant difference in the work-life conflicts of working men [33, 13, 19] and women and some studies confirmed significance for the same [21, 23]. Emsile et al. [21] study on the working men and women of Bank confirmed the common level of work-life interference for both and the same insignificant difference for working men and women work-life was confirmed by Schiemann et al [22]. These all studies' results and findings are attributed to the egalitarian gender culture that confirms the equal role of both men and women for any kind of family, social and financial responsibilities.

Kumar and Raju [27] found a higher pervasiveness of obstruction between work life and personal life among working women than men in Andhrapradesh. Gutek et al. [33] mentioned that women are even after playing multidimensional roles at workplace and family, their primary role for family and household activities is retained with them only even when they also have to confront with high work pressure at their workplaces. On the other hand, men more than like to associate with the paid works not with the unpaid works like family and household activities [24]. Ngo and Lui [20] confirmed that work-life

conflicts are comparatively higher in the women than to the men, and also observes higher stress level and unfavorable health related issues and challenges in life. However, there are specific gender roles in the countries like India, where men are “breadwinners” and females are “caregivers” [11] and it is rooted in historical, social and economic development of the country. But, several welfare and women centric empowerment schemes support dual earner family roles and regulated market to women to increase their participation in the labor market [28]. Geetha & Rajendran [29] recommends particularly for women, as their role in family is also crucial so banks should offer them flexible working hours, work from home option and friendly leave policy in pursuance with their organization commitment.

In order to manage the work-life conflicts and its successive effects on the health issues of the employee organizations both public and private prefer to execute the welfare policies to manage the magnitude of effect of work-life conflict on health of employee [5, 14, 15, 30]. Ngari & Mukururi [17] stressed upon the need of integrating the employee well-being policies with routine organizational practices to improve the quality of work-life and more importantly to make a comfortable organizational climate for maintaining the work-life balance with the successive attention over the employee performance, commitment and satisfaction for job. Somewhere the countries also have regulated labor policies for the overall welfare of women employees such as maternity-paternity leaves, child care services and standard working hours followed with the social benefits to ensure the proportionality between the work-life conflict and health issues [5, 30, 31]. Same higher correlation between the work-family conflict and employee well-being is noted by Hagqvist [6] for the Nordic countries. Study pointed that employee well-being is driven by the work-life conflict and in dual earning model the work-conflicts are higher than the traditional family model.

Most of the studies on work-life balance conflicts and its effect on family, social, physical and mental health of the working individual are based on single country and even sector specific also [25, 12, 32]. Hence, few studies are based on cross-cultural, cross-sector and cross country variations for work-life conflicts followed with variations driven by demographic characteristics of the working individual [8, 37]. In context to the other studies performed over the work-life conflicts and its effect over the several aspects of the working people, this research work is more comprehensive by sample nature and the conceptual framework followed to perform the statistical assessment for the effect of work-life conflict on social, mental and physical health of working women working with the public and private sector women. Hence, this research work intended to contribute the deeper insight into the difference of work-conflicts for working women of public and private sector banks and its successive effect on the different aspects (Social, Mental and Health) of the working women in India. The theoretical association that exists, in

between the work-life conflict and several aspects of the health and life of the working individual as presented in the literature above following research questions are addressed:

1. Is public and private sector banks' working women responses for their social, mental and physical health is driven through work-life conflicts.
2. Does demographic variable affects working women responses for their social, mental and physical health driven through work-life conflicts.
3. At what extent working women responses for their social, mental and physical health driven through work-life conflicts vary by the sector of the bank.

Research Methodology

A. Data - This study was based on the survey performed for determining the work-life driven social, mental and physical health status conflict observed by the working women employees of public and private sector banks. The survey performed over the aforementioned issue captured the responses from the working women of five states of India (Rajasthan, Delhi, Uttarpradesh, Gujarat and Madhyapradesh). In order to select the target population multi-stage, stratified and random sampling method was followed in every state. Primarily, the target women sample size from all the sampled states was 500, however certain variations were observed due to the availability of women workforce and sampling limitations. From Rajasthan 550, from Delhi 600, from Uttarpradesh 500, from Gujarat 600 and from Madhyapradesh 550 working women of public and private sector banks were finally chosen as sample population for the study purpose. Each state was stratified on the basis of number of banks and branches available in a region and extent of urbanization. Banks were selected randomly and same is followed for selecting the women respondent sample for study purpose. A total of 2800 women respondents working with different public and private sector banks were sampled for the purpose of final interaction over the set of question related to work-life driven social, mental and physical health status conflicts.

For better insight about the questions moving around the work-life balance and social, mental, physical health conflicts arose due to work-life imbalance, working women of age group 30-60 years were included in the study. Incomplete and missing value responses were also excluded from further analysis as they accounted for lesser than 7.32% of the total sample size i.e. 205, so finally for responses set from the responses given by 2595 working women respondents was encoded for further analysis (Table 1).

Table 1: State wise distribution of Women Respondents

State	Target Population	%	Excluded	%	N	Net %
Rajasthan	550	19.64	21	0.75	529	20.4
Delhi	600	21.43	42	1.5	558	21.5
Uttarpradesh	500	17.86	81	2.89	419	16.1
Gujarat	600	21.43	30	1.07	570	22.0
Madhyapradesh	550	19.64	31	1.11	519	20.0
Total	2800	100.00	205	7.32	2595	100.0

Source: Primary Data

B. Measurement and Scaling - For the questions administered for the working women respondents for social, mental and physical health issues driven through work-life conflicts, women responses were asked to rate their opinion from 1 (very good), 3 (averagely fair) to 5 (very bad). To manage the skewed distribution within the dataset, entire responses were dichotomized into two categories, namely, first GH "Good Health" who have answered very good and good, second PH "Poor Health" who have reported fair, bad and very bad for their social, mental and physical health.

Personal characteristics of the women respondents were measured on the basis of age (30-40 Years, 41-50 Years and 51-60 Years), marital status (Single/ Widowed and Married/ Cohabit) and number of dependents (less than 2, 2-4 and 4+). The professional or the working characteristics were measured on the bases of sector of bank, in service experience, type of employment, working hours and time for commutation to the bank. Sector of the bank was broadly classified into two groups only Public and Private, Type of employment was classified into permanent and contractual, in service experience was divided into four categories (less than 5 years, 5-10 years, 10-15 years and more than 15 years), working hours was asked on the weekly basis and was categorized into four categories (42 hours and below, 43-48 hours, 49-54 hours, 50 hours+), and time for commutation to the bank on daily basis was categorized into three groups (less than 1 hour, 1-2 hours and 2+ hours).

C. Data Analysis - To describe the descriptive characteristics of the population participated in the research work descriptive statistics were used. Furthermore, in order to determine that the proportion of women respondents for work life balance, social, mental and physical health variables is equal to 0.50 (equal group wise distribution for dichotomous variable). Moreover, Bivariate test for measuring the association between the measured variables by states was performed. Correlation test was used for continuous variables and Chi-Square for categorical

variables was used. For relative association determination between the health reporting variables (Social Health, Mental Health and Physical Health) and Work Life Balance of the working women respondent, regression analysis was performed over the dataset adjusting with demographic and working characteristics.

Analysis Results and Interpretations

A. Descriptive Analysis Interpretation: Descriptive statistics of the personal or demographic information variables is presented in Table 2. The descriptive statistics revealed that no such significant difference in the mean age of women respondents of different states is identified, which confirms that balanced participation from the different age groups was observed from the working women of all the states. Furthermore, highest mean score for the marital status was observed for Gujarat (1.6825) followed by Rajasthan (1.6049). Higher mean score for marital status confirms different status of the working women (Single/ Widowed and Married/ Cohabit) and through this more specific conclusion can be drawn in context to work life balance, social, mental and physical health. It was observed that for number of dependents is higher in Rajasthan (1.6654), followed by Delhi (1.5448), Uttarpradesh (1.5346), Madhyapradesh (1.4836) and Gujarat (1.4596). So, through number of dependents mean score value family structure and associated barriers particularly for the working women can be determined. Approximately near participation was observed from both public and private sector banks in the study, so results can be generalized for the working women of both the sectors. Among all the states the highest mean score for type of employment was also observe for Rajasthan (1.7750) which helps to interpret that more women are on working on permanent basis in the banks, followed by Delhi (1.7437). Furthermore, the highest proportion of the work or service experience in women respondents was observed for Madhyapradesh (2.3757) and the lowest proportion of the work or service experience was observed among the women of Gujarat (2.1877). For weekly working hours, it was noticed that highest mean score was observed for women respondents of Madhyapradesh (2.2794) and least working hours was observed for women respondents of Rajasthan (2.1512). Higher weekly working hours represents the higher rate of involvement of women in bank activities and helps to determine the more specific effects on their work life balance, social, mental and physical health. Time for commuting to the branch depends on several variables, particularly availability of the transport facilities, in context to Rajasthan, women respondents' commutation time mean score value is found highest (1.9187) which lead into draw more specific conclusion about the availability of public transport, location of the branch, driving independence etc. Statically it was observed that in comparison to other states work life balance score of working women of Madhyapradesh is highest (1.5607) and the least work life balance

score was observed for working women of Rajasthan (1.4405). Higher mean score for work life balance signifies satisfaction for the professional and personal life characteristics and is directly related with the social, mental and physical health. Among all the states' working women highest social health mean score was observed for Madhyapradesh (1.6320), highest mental health mean score was observed for Rajasthan (1.6938) and highest physical health mean score was observed for Gujarat (1.6421). So, it could interpret that women of Madhyapradeshis more likely prefers social life compared to other states' working women but no such significant difference in the mean score lead into concluding that working women prefers to be the part of social life. Furthermore, mental health score of working women of Rajasthan is highest as compared to other states' working women followed with insignificant difference in the mean scores, which confirms the commonalities in the mental health quotients for the working women of all the participating states. Also, physical health score of working women of Gujarat is highest as compared to other states' working women, which confirms the variation in the physical health status of working women of the different participating states.

B. Binomial Test Interpretation: This test is used to perform the comparison between the proportion of the cases (Good Work Life Balance (GWL) and Poor Work Life Balance (PWL) and Good Health (GH) and Poor Health (PH)) with the specified proportion. For the present research proportion is 0.50, presenting the equal responses for both the cases as there are equal possibilities of selecting the either category. This binomial test was performed over the random sample of 2595 working women respondents with the Clopper-Pearson 95% Confidence Interval to determine the proportion of the working women respondents are more inclined either toward the Good Work Life Balance (GWL) or Poor Work Life Balance (PWL) and Good Health (GH) or Poor Health (PH).

Related to the women respondents' opinion for their work life balance status it was noticed that work life balance status of the women respondents is more deviated toward the poor work life balance. Of the 2595 women respondents, 1235 (48.0%) showed their agreement for the good work life balance (GWL) status, and remaining 1360 (52.0%) showed agreement for the poor work life balance(PWL) status (Table 3).

Table 2: Descriptive Statistics (Mean and Percentage) of Study Variables

State	Rajasthan [N = 529]		Delhi [N = 558]		UP [N = 419]		Gujarat [N = 570]		MP [N = 519]	
	Mean	% of Total N	Mean	% of Total N	Mean	% of Total N	Mean	% of Total N	Mean	% of Total N
Age	2.1645	20.4%	2.1649	21.5%	1.9379	16.1%	2.1228	22.0%	1.9538	20.0%
30-40 Years	66	1.22%	66	1.22%	106	1.97%	99	1.84%	170	3.15%
41-50 Years	310	11.50%	334	12.40%	233	8.65%	302	11.21%	203	7.53%
51-60 Years	153	8.52%	158	8.80%	80	4.45%	169	9.41%	146	8.13%
Marital Status	1.6049	20.4%	1.5448	21.5%	1.5800	16.1%	1.6825	22.0%	1.5877	20.0%
Single/ Widowed	209	5.00%	228	5.45%	176	4.21%	181	4.33%	214	5.12%
Married/ Cohabit	320	15.30%	330	15.78%	243	11.62%	389	18.60%	305	14.59%
No. of Dependents	1.6654	20.4%	1.5448	21.5%	1.5346	16.1%	1.4596	22.0%	1.4836	20.0%
< 2	271	6.80%	314	7.87%	240	6.02%	365	9.15%	326	8.17%
2-4	164	8.22%	184	9.23%	134	6.72%	148	7.42%	135	6.77%
4+	94	7.07%	60	4.51%	45	3.39%	57	4.29%	58	4.36%
Sector of Bank	1.5936	20.4%	1.5448	21.5%	1.5298	16.1%	1.5404	22.0%	1.5145	20.0%
Private	215	5.36%	254	6.33%	197	4.91%	262	6.53%	252	6.28%
Public	314	15.66%	304	15.16%	222	11.07%	308	15.36%	267	13.32%
Type of Employment	1.7750	20.4%	1.7437	21.5%	1.7136	16.1%	1.7421	22.0%	1.7418	20.0%
Contractual	119	2.63%	143	3.16%	120	2.65%	147	3.25%	134	2.96%
Permanent	410	18.11%	415	18.33%	299	13.21%	423	18.69%	385	17.01%
Service Experience	2.2098	20.4%	2.2634	21.5%	2.2148	16.1%	2.1877	22.0%	2.3757	20.0%
< 5 Years	160	2.74%	165	2.83%	114	1.95%	175	3.00%	126	2.16%
5-10 Years	209	7.16%	211	7.23%	185	6.34%	229	7.84%	216	7.40%
10-15 Years	49	2.52%	52	2.67%	36	1.85%	50	2.57%	33	1.70%

> 15 Years	111	7.60%	130	8.90%	84	5.75%	116	7.95%	144	9.86%
Weekly Working Hours	2.1512	20.4%	2.2581	21.5%	2.1599	16.1%	2.1982	22.0%	2.2794	20.0%
< 42 Hrs.	154	2.68%	147	2.56%	117	2.04%	149	2.60%	125	2.18%
43-48 Hrs.	181	6.31%	201	7.00%	151	5.26%	215	7.49%	236	8.22%
49-54 Hrs.	154	8.05%	129	6.74%	118	6.17%	150	7.84%	46	2.40%
50+ Hrs.	40	2.79%	81	5.65%	33	2.30%	56	3.90%	112	7.81%
Time for Commutation	1.9187	20.4%	1.8978	21.5%	1.9069	16.1%	1.8912	22.0%	1.8960	20.0%
< 1 Hr.	142	2.88%	159	3.22%	114	2.31%	168	3.40%	156	3.16%
1-2 Hrs.	288	11.67%	297	12.04%	230	9.32%	296	12.00%	261	10.58%
2+ Hrs.	99	6.02%	102	6.20%	75	4.56%	106	6.44%	102	6.20%
Work Life Balance	1.4405	20.4%	1.4534	21.5%	1.4797	16.1%	1.4509	22.0%	1.5607	20.0%
PWLB	296	7.73%	305	7.96%	218	5.69%	313	8.17%	228	5.95%
GWLB	233	12.17%	253	13.21%	201	10.50%	257	13.42%	291	15.20%
Social Health	1.6049	20.4%	1.6201	21.5%	1.6181	16.1%	1.6088	22.0%	1.6320	20.0%
PH	209	4.98%	212	5.05%	160	3.81%	223	5.32%	191	4.55%
GH	320	15.26%	346	16.50%	259	12.35%	347	16.54%	328	15.64%
Mental Health	1.6938	20.4%	1.6810	21.5%	1.6897	16.1%	1.6860	22.0%	1.6879	20.0%
PH	162	3.70%	178	4.06%	130	2.97%	179	4.09%	162	3.70%
GH	367	16.76%	380	17.36%	289	13.20%	391	17.86%	357	16.31%
Physical Health	1.6181	20.4%	1.6147	21.5%	1.6348	16.1%	1.6421	22.0%	1.6339	20.0%
PH	202	4.78%	215	5.09%	153	3.62%	204	4.83%	190	4.50%
GH	327	15.48%	343	16.23%	266	12.59%	366	17.32%	329	15.57%

Source: Descriptive Statistic Output – SPSS

Table 3: Binomial Test Statistics of Work Life, Social, Mental and Physical Health Variable

Binomial Test						
		Category	N	Observed Prop.	Test Prop.	Exact Sig. (2-tailed)
Work Life Balance	Group 1	GWLB	1235	.48	.50	.015
	Group 2	PWLB	1360	.52		
	Total		2595	1.00		
Social Health	Group 1	PH	995	.38	.50	.000
	Group 2	GH	1600	.62		
	Total		2595	1.00		
Mental Health	Group 1	GH	1784	.69	.50	.000
	Group 2	PH	811	.31		
	Total		2595	1.00		
Physical Health	Group 1	GH	1631	.63	.50	.000
	Group 2	PH	964	.37		
	Total		2595	1.00		

Source: Binomial Test Statistics Output – SPSS

Related to the women respondents' opinion for their Social Health status it was noticed that social health status of the women respondents is more deviated toward the Good Social Health (GH) status. Of the 2595 women respondents, 1600 (62.0%) showed their agreement for the good social health (GH) status, and remaining 995 (38.0%) showed agreement for the poor social health (PH) status. Related to the women respondents' opinion for their Mental Health status it was noticed that mental status of the women respondents is more deviated toward the Good Mental Health (GH) status. Of the 2595 women respondents, 1784 (69.0%) showed their agreement for the good mental health (GH) status, and remaining 811 (31.0%) showed agreement for the poor mental health (PH) status. Related to the women respondents' opinion for their Physical Health status it was noticed that physical health status of the women respondents is more deviated toward the Good Physical Health (GH) status. Of the 2595 women respondents, 1631 (63.0%) showed their agreement for the good social health (GH) status, and remaining 964 (37.0%) showed agreement for the poor physical health (PH) status.

Table 4: Clopper-Pearson Test Confidence Interval Summary Statistics

Confidence Interval Summary				
Confidence Interval Type	Parameter	Estimate	95% CI	
			Lower	Upper
One-Sample Binomial Success Rate (Clopper-Pearson)	Probability (Work Life Balance=GWL B).	.476	.457	.495
One-Sample Binomial Success Rate (Clopper-Pearson)	Probability (Social Health=PH).	.383	.365	.402
One-Sample Binomial Success Rate (Clopper-Pearson)	Probability (Mental Health=GH).	.687	.669	.705
One-Sample Binomial Success Rate (Clopper-Pearson)	Probability (Physical Health=GH).	.629	.610	.647

Source: Clopper-Pearson Test Output – SPSS

Clopper-Pearson Test Confidence Interval Summary Statistics (Table 4) indicates that the proportion of all working women respondents showing agreement for poor work life balance status over the good work life balance status could plausibly be as low as 45.7% to as high as 49.5%. This preference for poor work life balance status (PWL B) had a 95% CI of 45.7% to 49.5%, $p = .015$. Working women respondents showing agreement for Good Social Health (GH) status over the Poor Social Health (PH) status could plausibly be as low as 36.5% to as high as 40.2%. This preference for Good Social Health (GH) had a 95% CI of 36.5% to 40.2%, $p = .000$. Working women respondents showing agreement for Good

Mental Health (GH) status over the Poor Mental Health (PH) status could plausibly be as low as 66.9% to as high as 70.5%. This preference for Good Mental Health (GH) had a 95% CI of 66.9% to 70.5%, $p = .000$. Working women respondents showing agreement for Good Physical Health (GH) status over the Poor Physical Health (PH) status could plausibly be as low as 61.0% to as high as 64.7%. This preference for Good Physical Health (GH) had a 95% CI of 61.0% to 64.7%, $p = .000$.

C. Bivariate Test Interpretation:

Table 5: Bivariate Test Statistics – Relationship between Work Life Balance and other Study variables by States

State	Rajasthan		Delhi		UP		Gujarat		MP	
	R	Sig .	R	Sig .	R	Sig .	R	Sig .	R	Sig .
Age	0.209	***	0.229	***	0.312	***	0.205	***	0.223	***
Marital Status	0.000	***	0.000	***	0.001	***	0.003	***	0.000	***
No. of Dependents	0.132	NS	0.069	**	0.119	NS	0.126	NS	0.138	NS
Sector of Bank	0.036	**	0.009	***	0.087	**	0.092	*	0.000	***
Type of Employment	0.007	***	0.013	**	0.022	**	0.000	***	0.033	**
Service Experience	0.000	***	0.056	**	0.001	***	0.031	**	0.000	***
Weekly Working Hours	0.000	***	0.000	***	0.000	***	0.020	**	0.019	**
Time for Commutation	-0.078	***	0.000	***	-0.069	***	0.096	*	0.126	NS
Social Health	0.319	***	0.269	***	0.212	***	0.302	***	0.238	***
Mental Health	0.362	***	0.212	***	0.303	***	0.079	**	0.199	***
Physical Health	0.198	***	0.201	***	0.216	***	0.200	***	0.203	***

Source: Bivariate Test Output – SPSS

The statistical output of the bivariate analysis between work life balance and other study variables by states are presented in Table 5. The statistics showed significant associations in between work-life balance and other study variables for working women respondents of all the geographical scope states of the research work. Age as demographic variable was found positively associated with work life balance status (Rajasthan ($r = 0.209$), Delhi ($r = 0.229$), UP ($r = 0.312$), Gujarat ($r = 0.205$) and MP ($r = 0.223$)). Same kind of positive association as observed for Social Health (Rajasthan ($r = 0.319$), Delhi ($r = 0.269$), UP ($r = 0.312$), Gujarat ($r = 0.302$) and MP ($r = 0.238$)), Mental Health (Rajasthan ($r = 0.362$), Delhi ($r = 0.212$), UP ($r = 0.303$) and MP ($r = 0.199$)) and Physical Health (Rajasthan ($r = 0.198$), Delhi ($r = 0.201$), UP ($r = 0.216$), Gujarat ($r = 0.200$) and MP ($r = 0.203$)) with work life balance status. A negative and low correlation between Time for Commutation and Work Life balance for working women of Rajasthan ($r = -0.078$) and UP ($r = -0.069$). Number of dependents variable of working women respondents was found positively but insignificantly associated with work life balance status for Rajasthan ($r = 0.132$), UP ($r = 0.119$), Gujarat ($r = 0.126$) and MP ($r = 0.138$) except Delhi ($r = 0.069$). From the other association statistics between the variables overall similar patterns between the measured variables and work life balance status of working women of Rajasthan, UP, Gujarat, Delhi and MP is found.

Multivariate Test Interpretation

Table 6 provided the statistical output of multivariate logistic regression test performed to measure the association between the work-life balance and social, mental and physical health among working women respondents. After adjusting demographic/ personal and working characteristics, the statistical result presented:

- a. Significant association in between work-life balance and social health of working women of both Public Sector (aOR = 2.21; 95% CI: (1.97–2.48) and Private Sector (aOR = 1.96; 95% CI: (1.76–2.18)) banks.
- b. Significant association in between work-life balance and mental health of working women of both Public Sector (aOR = 2.45; 95% CI: (1.55–3.36) and Private Sector (aOR = 1.88; 95% CI: (1.63–2.14)) banks.
- c. Significant association in between work-life balance and physical health of working women of both Public Sector (aOR = 2.40; 95% CI: (2.03–2.78) and Private Sector (aOR = 2.15; 95% CI: (1.55–2.76)) banks

However, degree of the association is slight different among public and private sector women.

Table 6: Multivariate Test - Association between Work-life balance and Social, Mental and Physical health of working women Respondents

Variable	Public Sector aOR (95%CI)	Private Sector aOR (95%CI)	Total aOR (95%CI)
Work Life Balance (ref)			
Social Health	2.21 (1.97-2.48)***	1.96 (1.76-2.18)***	2.07 (1.86-2.33)***
Mental Health	2.45 (1.55-3.36)***	1.88 (1.63-2.14)***	2.15 (1.59-2.75)***
Physical Health	2.40 (2.03-2.78)***	2.15 (1.55-2.76)***	2.27 (1.79-2.77)***

Source: Multivariate Test Output – SPSS (Sig. level: *p < 0.001. aOR- Adjusted odds ratio)**

Multilevel Logistic Regression Interpretation:

Table 7 presents the states (Rajasthan, UP, Gujarat, Delhi and MP) wise variation of the association between the work-life balance and social, mental and physical health of women respondents. For this purpose of state wise variation of association determination between the participating variables multi-level logistic regression test was used. After adjusting demographic/ personal and working characteristics, the statistical result presented significant relationship between Work-life balance and Social, Mental and Physical health of working women Respondents. However, the statistics reveals the differences in the magnitude of state wise associations. The largest aOR(95%CI) (odds) between work-life balance and Social, Mental and Physical health for public sector banks' working women respondents was found for Delhi (2.47 (2.09 – 2.89)), followed by UP (2.36 (2.06-2.66)), MP (2.29 (1.92 – 2.72)), Gujarat (2.07 (1.86-2.33)) and Rajasthan (2.01 (1.88-2.15)).

Table 7: Multilevel Logistic Regression - Between States variation of the Association between Work-life balance and Social, Mental and Physical health of working women Respondents

Variable	Rajasthan aOR(95%CI)	UP aOR(95%CI)	Gujarat aOR(95%CI)	Delhi aOR(95%CI)	MP aOR(95%CI)
Public Sector	2.01 (1.88-2.15)***	2.36 (2.06-2.66)***	2.07 (1.86-2.33)***	2.47 (2.09 – 2.89)***	2.29 (1.92 – 2.72)***
Private Sector	1.98 (1.65-2.36)***	2.11 (1.93-2.34)***	2.02(1.63 - 2.47)***	1.80 (1.26-2.39)***	2.03 (1.79-2.31)***

Source: Multivariate Test Output – SPSS (Sig. level: *p < 0.001. aOR- Adjusted odds ratio)**

Table 4 statistics reveals that the largest aOR(95%CI) (odds) between work-life balance and Social, Mental and Physical health for private sector banks' working women respondents was found for UP (2.11 (1.93-2.34)), followed by MP (2.03 (1.79-2.31)), Gujarat (2.02(1.63 -2.47)), Rajasthan (1.98 (1.65-2.36)) and Delhi (1.80 (1.26-2.39)). The association between the participating variable is found higher for public sector women than private sector women in the Rajasthan (Private Sector: aOR = 1.98; 95%CI: (1.65-2.36) and Public Sector: aOR = 2.01; 95% CI: (1.88-2.15)), UP (Private Sector: aOR = 2.11; 95% CI: (1.93-2.34) and Public Sector: aOR = 2.36; 95% CI: (2.06-2.66)), Gujarat (Private Sector: aOR = 2.02; 95% CI: (1.63-2.47) and Public Sector: aOR = 2.07; 95% CI: (1.86-2.33)), Delhi (Private Sector: aOR = 1.80; 95% CI: (1.26-2.39) and Public Sector: aOR = 2.47; 95% CI: (2.09-2.89)) and MP (Private Sector: aOR = 2.03; 95% CI: (1.79-2.31) and Public Sector: aOR = 2.29; 95% CI: (1.92-2.72)). So, overall it could conclude that the variation in work-life balance and Social, Mental and Physical health of working women respondents of different states is found small, and the percentage of variations in association in work-life balance and Social, Mental and Physical health of working women respondents is found higher for public sector banks' women respondents than to the private sector banks' women.

Discussion and Results:

This research work is a systematic effort for determining the difference in the association between the work-life balance and social, mental and physical health of the public and private sector working women with a cross-states sample in India. The descriptive statistics revealed that sampled public and private sector bank working women had good social, mental and physical health followed with the good work-life balance. The statistics also revealed that the highest percentage of good work-life balance (GWLB) is observed for the working women of Madhyapradesh, followed with the highest percentage of poor work-life balance (PWLb) was observed for working women of Gujarat. In continuation, highest percentage of good social health is observed for the working women of Gujarat, followed with the highest percentage of poor social health was observed for working women of Gujarat. Highest percentage of good mental health is observed for the working women of Gujarat, followed with the highest percentage of poor mental health was observed for working women of Gujarat. Same kind of trend was observed for the Physical health also, for both Good physical health and Poor physical health highest percentage was observed for the working women of Gujarat. Furthermore, the statistical outputs helped to determine that Furthermore, the statistical outputs helped to determine that work-life balance (WLB) have significant and positive association with the physical, mental and social health of the working women of public and private sector banks of Rajasthan, UP, Gujarat, Delhi and MP. However, the degree of the association between the aforementioned variables is found higher for public sector banks' working women

than to the private sector banks' working women. Additionally, small amount of variability is observed in the association between work-life balance (WLB) have significant and positive association with the physical, mental and social health of the working women of public and private sector banks of Rajasthan, UP, Gujarat, Delhi and MP. While, the higher degree of association between work-life balance and physical, mental and social health for public sector banks' working women were observed in Gujarat State and the least degree of association was found for working women of Rajasthan. The higher degree of association between work-life balance and physical, mental and social health for private sector banks' working women were observed for UP State and the least degree of association was found for working women of Gujarat.

Work-life Balance and Social, Mental and Physical Health

This research work revealed higher frequency for the poor work-life balance (PWL) in public and private sector banks' working women across Rajasthan, UP, Gujarat, Delhi and MP. The statistics revealed that working women of the Madhyapradesh reported Good Work-Life Balance (GWL) proportion (15.20%) than any other participating states. Other than that for working women of other participating states Poor Work-Life Balance (PWL) proportions were found greater than the Good Work-Life Balance (GWL), for Rajasthan (PWL = 296, 7.73% and GWL = 233, 12.17%), for Delhi (PWL = 305, 7.96% and GWL = 253, 13.21%), 8.17% and GWL = 257, 13.42%).

Furthermore, the statistics for Social Health (SH) revealed that for working women of all the participating states Good Health (GH) proportions were found greater than the Poor Health (PH), for Rajasthan (PH = 209, 4.98% and GH = 320, 15.26%), for Delhi (PH = 212, 5.05% and GH = 346, 16.50%), for UP (PH = 160, 3.81% and GH = 259, 12.35%), for Gujarat (PH = 223, 5.32% and GH = 347, 16.54%) and for MP (PH = 191, 4.55% and GH = 328, 15.64%). The statistics for Mental Health (MH) revealed that for working women of all the participating states Good Health (GH) proportions were found greater than the Poor Health (PH) in context to the mental health, for Rajasthan (PH = 162, 3.70% and GH = 367, 16.67%), for Delhi (PH = 178, 4.06% and GH = 380, 17.36%), for UP (PH = 130, 2.97% and GH = 289, 13.20%), for Gujarat (PH = 179, 4.09% and GH = 391, 17.86%) and for MP (PH = 162, 3.70% and GH = 357, 16.31%). The statistics for Physical Health (MH) revealed that for working women of all the participating states Good Health (GH) proportions were found greater than the Poor Health (PH) in context to the physical health, for Rajasthan (PH = 202, 4.78% and GH = 327, 15.48%), for Delhi (PH = 215, 5.09% and GH = 343, 16.23%), for UP (PH = 153, 3.62% and GH = 266, 12.59%), for Gujarat (PH = 204, 4.83% and GH = 366, 17.32%) and for MP (PH = 190, 4.50% and GH = 329, 15.57%).

During the interaction with the respondents throughout the research process it was noticed that work-life balance among the working women can be improved and reduced

through seamless improvement in practices like flexible working hours, agreement of employment and practices opted for managing the work-life balance of employees such as safe and secure working environment, healthy competition, behavior of subordinated and bosses etc. [35]. Results drawn from the statistical analysis further revealed strong and significant relationship between the work-life balance and mental, physical and social health among public and private sector banks' working women of Rajasthan, UP, Gujarat, Delhi and MP. The findings of this research work is similar like the findings of the study performed by Mensah and Adjei [36] and reported positive association in between the work-life balance and the self-reported health of the working adults of Europe. It is identified and mentioned by several researchers that work-life balance is associated with several variables such as physical, psychological and other factors of abuse, so it is recommended that particular for the working women in the country like India where the role of women in multidimensional, these variables which affect the work-life balance negatively.

Findings of this research work from the multivariate analysis presented that there is negative and insignificant relationship between work-life balance and number of dependents and time for commutation. But, holistically among all the demographic and working characteristics only number of dependents had shown the negative and insignificant association with the work-life balance for the working women respondents across the states MP, UP, Gujarat, Delhi and Rajasthan. For the variability in the women respondents of public and private sector banks of MP, UP, Gujarat, Delhi and Rajasthan, multi-level logistic regression statistics revealed the good association between the work-life balance and the social, mental and physical health either after several geographical variables the association between the participating variables was found significant across the states. In continuation variation of the association between Work-life balance and Social, Mental and Physical health of working women Respondents statistics helped to draw a conclusion that for public sector working women the strength of association between the work-life balance and social, mental and physical health variables is found stronger than to the private sector working women. This leads to draw a conclusion over the difference in the working environment and openness to give the opinion for the work-life balance issues is different in private sectors. It was also noticed that the practices followed by the women themselves for managing their professional and personal life have significant different and particularly personal and working characteristics drives them, so how to manage the personal and professional difference is critical to lean and it is recommended that women should develop their own personal work-life balance practices and on other hand the organizations should also train the working women to manage their work-life balance characteristics followed with their physical, mental and physical health [38].

Conclusive Remarks

The research concluded that work-life balance (WLB) is having close and significant association with the physical, mental and social health of working women working in both the public and private sector banks of Rajasthan, UP, Gujarat, Delhi and MP states of India. However, the extent and relative capacity of relationship between the work life balance and physical, mental and social health observed differences across the states. So, in totality this research work exactly offers the different health variables' as the baseline that have the significant effect over the work-life balance of the working women and so that the policymakers, stakeholders and executive hierarchy people can determine the need of working in all the three dimensions namely mental health, physical health and social health variables to reduce imperative negative facets from both work and life domains of working women particularly. It is also noticed that banks shall create good employment contracts and flexible working hours to deal with work-life balance issues of jobs to manage the social, mental and physical health issues of the working women.

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