

A CASE STUDY BASED ON THE RELATIONSHIP OF HEALTH RELATED ISSUES AND THE MARITAL STATUS OF WOMEN ENTREPRENEURS IN MSMEs IN CENTRAL UTTAR PRADESH

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ABSTRACT

This study is based on the primary data which is collected for the research work of PhD degree. All the analysis has been done through the SPSS software. In this research paper Chi-square test has been used to see whether there is any significant relationship between the availability of health facilities for women entrepreneurs who are engaged in MSMEs (Micro, Small and Medium Enterprises) and their marital status or not. As India is a country where there are a number of different cultures, religion, castes, tradition prevailing but in all these marriage custom is considered as one of the most important ritual. The marriage of a daughter in many religions is like a religious obligation. Marriage is not only has the social importance but it is also a custom. In some communities marriage ceremony is like a status symbol. At present time the health issues related to Indian women is a current topic for discussion, and one of them which is more chronic and common is Anemia. Anemia is caused due to the lack of balance diet. Proper diet at appropriate time is very important for the health of Indian women. So this paper is all about two main variables of women entrepreneur which has very important role to play in the economic as well as social point of way.

KEYWORDS: *Women Entrepreneurs, MSMEs, Availability of Health Facilities, Marital Status.*

Introduction

With the changing scenario of different customs and believes, many changes can be seen in every customs but when the topic of marriage of a daughter came, it is like a sense of pride, responsibility, economic burden, social pressure and numerous term could be connected to it, especially in Indian context. In previous time child marriage, early marriage was so common and the existence of a female was just to marry her as soon as possible. Up to the age of marriage, the role of a girl child was to be prepared as a marriage material and after marriage the role of women was limited to the household work, upbringing of the children and serving the house members. But now-a-days the role of female before and after marriage has been changing and reason may be the western culture, education, technology and the demand for the more earning hands etc.

The census of 2011 revealed the sex ratio of India is 940 female per 1000 male. Which means approximately 50% of Indian population consist the females, but the problem is there are a number of health problems which are faced by these females. The main reason for poor health of Indian females is the improper diet and even not at proper time, as in Indian culture females used to eat at last even during pregnancy or in lactating period. Firstly they are not consuming the proper diet which their body needs for proper functioning and secondly they are not taking their diet at proper time. If women of any county facing the problem of malnutrition or they are anemic, they will give the birth of children who will also be malnourished.

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In India, there is no trend of providing extra nutritious diet to the teenagers during their menstrual period which also increases the chances of anemia. And early marriages, more children, lesser time gap between the births of children are some of the reasons which are very hazardous.

Kamal Singh who is a woman entrepreneur from Rajasthan, has defined woman entrepreneur as "a confident, innovative and creative woman capable of achieving self-economic independence individually or in collaboration, generates employment opportunities for others through initiating, establishing and running the enterprise by keeping pace with her personal, family and social life."

MSME is considered to be the second largest employment generating sector after agriculture sector. It provides 80% of jobs in industry with just 20% of investment. It contributes approximately 31% to the GDP of the India. (2017 report)

The new classification of MSMEs is based on turnover:

- Micro Enterprises are those which have the annual turnover not exceeding to the Rs.5 crore.
- Small Enterprises are those which have the annual turnover before Rs. 5 crore to Rs.75 crore.
- Medium Enterprises are those which have the annual turnover not exceeding Rs. 250 crore.

The main problem of Indian female is anemia and there are many reasons which are responsible for this like early marriage which initiate the early sexual activity leads to the repeated early child bearing which leads to the recurrent iron loss. All this is directly related to the food habits prevailing in the man dominant society. Females who are spending their whole life within the boundaries of four wall even they do not get proper diet on time. And when they go out from their comfort zone and explore the world to chase their dream and become the entrepreneur who is not only fulfilling their economic needs but also providing the source to generate income to others as proving job opportunities to others, it becomes more tedious to focus on their proper intake, this could be possible only when they get full support from their families.

Objectives

- To know the association between the availability of health facilities that women entrepreneurs get and their Marital Status.
- To know the strength of the association of these two attribute of women entrepreneurs.

Research Methodology

The present study is based on the field work of survey method. For the purpose of the study a sample of 397 women entrepreneurs who are running their own enterprises in the region of Central Uttar Pradesh as MSMEs has been taken on the random basis. The data has been collected through the closed ended questionnaire. The analysis has been done with the help of SPSS software. Because both the variable are in nominal category so for establishment of association Chi-square test has been applied as the data fulfilled the assumptions also.

Hypotheses

- H₀:** There is no significance relationship between availability of health facilities and marital status of women entrepreneurs in MSMEs in Central Uttar Pradesh.
- H₁:** There is a significance relationship between availability of health facilities and marital status of women entrepreneurs in MSMEs in Central Uttar Pradesh.

Analysis and Data Interpretation

² Test of Independence for Availability of Health Facilities and Marital Status

From **Error! Reference source not found.** 1; it may be seen that, for 397 observed women entrepreneurs in relation to **Availability of Health Facilities and Marital Status**, none of cell of counts are showing less than 5 counts therefore Chi Square test of independence is suitable for the data.

Table 1: ² Test of Independence for Availability of Health Facilities and Marital Status

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
availability of health facilities * Your Marital Status	397	100.0%	0	0.0%	397	100.0%

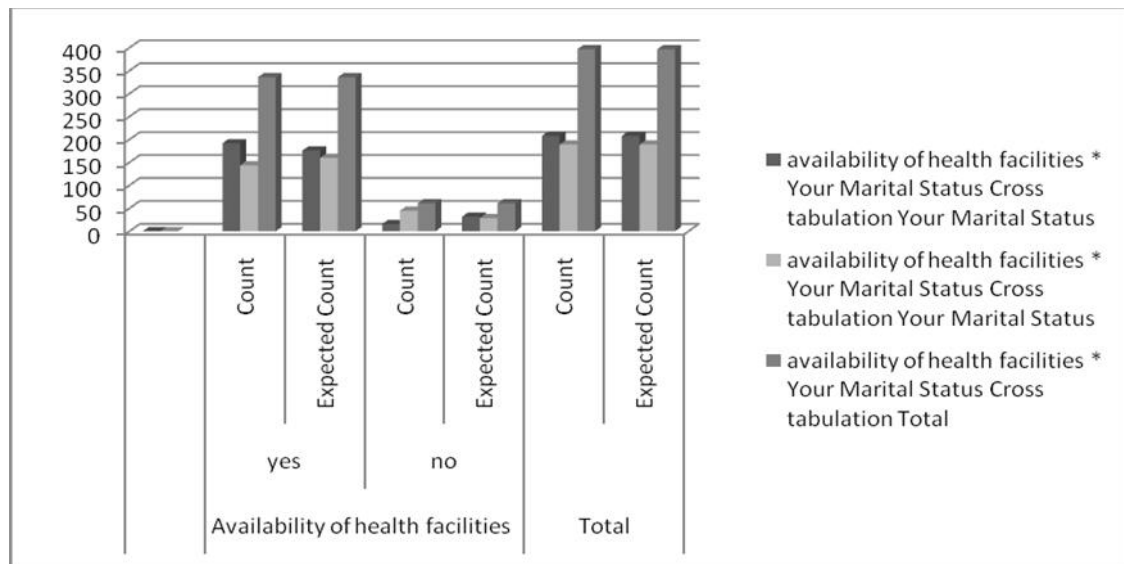
Table 2: ² Test of Independence for Availability of Health Facilities and Marital Status

Availability of Health Facilities * Marital Status Cross tabulation					
			Marital Status		Total
			Married	Unmarried	
Availability of health facilities	yes	Count	192	144	336
		Expected Count	176.0	160.0	336.0
	no	Count	16	45	61
		Expected Count	32.0	29.0	61.0
Total		Count	208	189	397
		Expected Count	208.0	189.0	397.0

It may be seen that, for 397 observed women entrepreneurs 192 women entrepreneurs belong to the category who are availing the health facilities and are married, 144 women entrepreneurs belong to the category who are availing the health facilities and are unmarried and, 16 women entrepreneurs belong to the category who are not availing the health facilities and married, 45 women entrepreneurs belong to the category who are not availing the health facilities and unmarried.

Out of 397 observed women entrepreneurs, total number of respondent who are availing the health facilities are 336 and 61 respondent are there who are not availing the health facilities. Out of 397 observed women entrepreneurs, there are 208 women entrepreneurs who are married and 189 are unmarried.

Figure 1: ² Test of Independence for Availability of Health Facilities and Marital Status



The women entrepreneurs who belong to the category who are availing the health facilities and are married have the count value 192 which is greater than the expected value which is 176.0, and those who belong to the category who are availing the health facilities and are unmarried have the count value 144 which is less than the expected value 160. The women entrepreneurs who belong to the category who are not availing the health facilities and are married have count value 16 which is less than the expected value which is 32.0, and those who belong to the category who are not availing the health facilities and are unmarried have the count value 45 which is more than the expected value 29.

Hypothesis Testing for Association between the Availability of health facilities And Marital Status

From Table 3; it may be seen that, for 397 observed women entrepreneurs, Pearson's ² Value in relation to the **Availability of health facilities and Marital Status**, is 19.780 with df (degree of freedom) of 1 and 99% confidence level. Since the **p-Value (.000) is less than .01 at 99% confidence level**, therefore the null hypothesis that **'there is no significance relationship between Availability of health facilities and Marital Status'** is **'Rejected'**.

Table 3: Hypothesis Testing For Association between Availability of Health Facilities and Marital Status

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	19.780 ^a	1	.000		
Continuity Correction ^b	18.560	1	.000		
Likelihood Ratio	20.331	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	19.730	1	.000		
N of Valid Cases	397				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 29.04.

b. Computed only for a 2x2 table

Strength of Association between Availability of Health Facilities and Marital Status

From Table 4; it may be seen that, for 397 in relation to the **Availability of Health Facilities and Marital Status** measures of Strength of association **Phi Correlation Coefficient (= .223)**, **Cramer's V (= .223)** all are **low** it implies that besides statistically significant relationship between Availability of health facilities and Marital Status **their strength of association is also poor**.

Table 4: Strength of Association between Availability of Health Facilities and Marital Status

Symmetric Measures			
		Value	Approx. Sig.
Nominal by Nominal	Phi	.223	.000
	Cramer's V	.223	.000
N of Valid Cases		397	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Phi test is appropriate for 2*2 contingency table. That is why it has been used to know the strength of association between two variables availability of health facilities and marital status of women entrepreneurs. As the value of both the tests is .223 which shows the poor association between two variables but as P-Value is .000 which is less than the .01, it means the relationship between two variables has significantly associated. And this happen because relationship between two variables is also is dependent on many other variables and this study has considered only two variables of socio-economic condition of women entrepreneurs.

Result and Conclusion

On the basis of above analysis, result we get is that there is a significance relationship between the availability of health facilities that women entrepreneurs get during their working hours and their Marital Status. So, the null hypothesis that there is no significance relationship between the above mentioned variable is rejected and alternate hypothesis is accepted. Now we can say that for women entrepreneurs health is an important factor and they all are conscious even when they are outside or they are working because they are conscious not only with their diet but also having sufficient time during their hectic schedule of while managing their enterprises as an owner of it. And their marital status is also associated with the availability of health facilities they are arranging for themselves. The reality of entrepreneurship is that in order to have this lifestyle, you have to ensure that you have the physical, mental and financial health inclusive of nutritional diet and security -- and be invested in the long game. Each woman had a personal-balance strategy or ideal in place which is what makes them successful. All of them work a lot -- but it's part of the lifestyle they each want to live.

Limitation of the Study

In this research paper attempt has been taken to know the association between only two variables which are related to socio- economic condition of the women entrepreneurs who are running their own the MSMEs, in the area of Central Uttar Pradesh, while other variables which may also be important and related to this phenomenon has not been considered due to the lack of time and limited access. This could be taken into consideration in future research. The second limitation of the study is that this study covers only a small part which is Central Uttar Pradesh, while in future more studies could be carried by covering wider area with more variables. The third limitation of the study is that the category of marital status is divided into only two parts married and unmarried, other categories like widow, divorcee has been avoided due to uncomfotability of the respondent.

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