



Factors Responsible for Contributing Anxiety among the Working Women in Punjab

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ABSTRACT

Assessment of factors responsible for contributing anxiety among the working class women is paramount to prevent health issues. The present pilot study was carried out to estimate the relationship between lifestyle associated factors among adult working women of Punjab. The study was carried out from April, 2019 to July, 2019 and included 130 participants randomly selected from two different districts of Punjab state (Ludhiana and SBS Nagar). Anxiety associated life style factors of working women having the age between 21-55 yr were analyzed by self report and incorporated percentage of body mass index, daily exercise, food habits, sleeping habits, and metabolic disorders etc. Correlation between different anxiety causing variables were also calculated. The results showed that only 29 per cent of working women were indulged in daily exercise, eating meals (74.80%), taking regular sleep of 6-8hr (87.78%), drinking water at regular interval (76.33%), feel free in discussing with family members (53.43%), with both relatives and friends (50.38%), colleagues (13.74%) and rest 5.34 per cent with relatives etc. Only 23.66 per cent women had normal BMI and 41.22 per cent were pre-obese due to sedentary life style. There was positive co-relation between age with exercise, sleep with exercise, diet with sleep and satisfaction of life with sleep. The study concluded that healthy diet with regular exercise and taking sound sleep of 6-8 hr reduces the incidence of anxiety.

Key Words: Anxiety, Diet, Life style, Sleep, Women.

INTRODUCTION

Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Lifestyle factors like age, food habits, level of exercise, positive thinking etc. contribute significantly to the health status of an individual (Farhud, 2017). The adequacy in appropriate quantity and quality food consumption improves the well being of an individual that leads to improved work capacity and emotional stability as well. Humans need a wide range of nutrients to lead a healthy and active life. For providing these nutrients, good nutrition or proper intake of food in relation to the body's dietary needs is required. An adequate, well balanced diet combined with regular physical activity is a cornerstone of good health. Poor nutrition can lead to reduced immunity,

increased susceptibility to disease, impaired physical and mental development, and reduced productivity. A healthy diet consumed throughout the life-course helps in preventing malnutrition in all its forms as well as wide range of non-communicable diseases (NCDs) and conditions. But rapid urbanization/globalization, increased consumption of processed foods and changing lifestyles has led to a shift in dietary patterns (Rev, 2018).

Lifestyle is also defined as the uniqueness of an individual pertaining to day to day activity comprised of diet, food habits, exercise, hours of sleep, type of work and profession etc. According to World Health Organization, 60 per cent of related factors to individual health and quality of life are correlated to lifestyle, as millions of people follow

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an unhealthy lifestyle (Ziglio *et al*, 2004). Ahuja and Sharma (2014) in a study conducted in district Kapurthala of Punjab reported that only 4.0 per cent farm women were graduate and only 5.8 per cent were in the government or private sector service. Remaining about 94.6 per cent of farm women were engaged themselves in agricultural operations in order to earn the livelihood for the family. Further, it was also found that about 50 per cent farm women were suffering from lower backache which is another undesired feature because all the family welfare is totally dependent on a lady in an Indian home. Per head availability of milk was very good in case of families who kept dairy animals but not in the case that didn't have dairy animals. Due to high cost of milk these days they couldn't afford to buy large quantities of milk. The calcium intake from dairy products was also found to be low which increase the risk of hypertension and coronary heart disease.

Thus, the relationship of lifestyle and health is highly important and interested by researchers. So assessment of these factors responsible for healthy life among the working class women is paramount to prevent health issues. Keeping all the paramount points in mind, the present work was undertaken to estimate the relationship between lifestyle associated factors among adult working women of Punjab.

MATERIALS AND METHODS

Selection of subjects

The present study was aimed to investigate the daily lifestyle habits of service class adult females. A random sampling was adopted to select the subjects. One hundred and thirty adults in the age group of 21-55yr were selected from Ludhiana and Shaheed Bhagat Singh Nagar district of Punjab.

Development of interview schedule

An interview schedule was developed to obtain the desired information on various aspects of data collection. The reliability of the schedule was worked out by pre testing on 10 respondents

selected randomly on non-sample subjects. Based on the response received during pre-testing certain necessary changes were incorporated in the schedule. Hence, the pre-tested and restructured schedules were used to the data.

Collection of data

The data pertaining to general profile of the subjects, anthropometric parameters, food habits, lifestyle factors, habit of exercise and stress related information were collected from the subjects through personal interview technique during March to July, 2019.

Anthropometric Measurements

The height was measured with the help of anthropometric rod to the nearest 0.5 cm. The subjects were asked to stand erect against the rod without shoes with feet parallel and heels together, back of the head touching the measuring rod. The head was held comfortably erect. The arms were hanging at the sides. The body weight was taken to the nearest 0.5 kg on a portable weight machine. The subjects were asked to remove shoes before weighing and to stand in the centre of the platform with minimum of clothing (Jelliffe, 1966). Body mass index were calculated by using the standard method and classified on the basis of WHO (2004) classification.

Table 1. Classification of Body Mass Index.

Classification	Principle Cut-off points for BMI(kg/m²)
Underweight	< 18.5
Severe thinness	< 16
Moderate thinness	16 – 16.99
Mild thinness	17 – 18.49
Normal range	18.5 – 24.99
Overweight	≥ 25.0
Pre-obese	25.00 - 29.99
Obese	≥30.00
Obese class I	30.00 - 34.99
Obese class II	35.00 - 39.99
Obese class III	≥40.00

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Statistical Analysis

Computation of some descriptive statistical measures such as percentage distribution, mean and standard deviation for variables. The correlation coefficients were calculated to find out the relationship between age, BMI, exercise, anxiety and diet.

RESULTS AND DISCUSSION

Anthropometric profile

The results revealed that the mean height of subjects was 160.44 ± 0.66 cm and further elucidated that In contrast to present study, Sudhera and Sidhu (2012) reported that mean height of Punjabi subjects was observed 158.36 ± 5.86 cm and weight as 53.56 ± 9.07 kg (Table 2).

Table 2. Anthropometric profile of selected Respondent. (n=131).

Parameters	Suggested values	Value
Age (yr)	----	29.54 ± 0.65 (21-55)
Height (cm)	----	160.44 ± 0.66 (142.2-193.0)
Weight (kg)	55 Kg	58.51 ± 1.07 (40-102)
BMI(kg/m ²)	18.5-24.99	27.51 ± 0.44 (15.2-38.8)

- Values are presented in Mean \pm SD
- Figure in the Parenthesis represents the range

Table 3. Body Mass Index profile of selected Respondent

Classification	BMI (kg/m ²)	Percentage
Underweight	< 18.5	--
Severe thinness	< 16	03
Moderate thinness	16 – 16.99	01
Mild thinness	17 – 18.49	04
Normal range	18.5 – 24.99	31
Overweight	≥ 25.0	
Pre-obese	25.00 - 29.99	54
Obese	≥ 30.00	
Obese class I	30.00 - 34.99	26
Obese class II	35.00 - 39.99	12
Obese class III	≥ 40.00	0

The data presented in Table 3 showed that selected subjects were having mean BMI in the range of 27.51 ± 0.44 (kg/m²). The data further showed that only 27.51 per cent of the subjects were having normal BMI while 54 per cent were found to be pre-obese.

Food Habits

The data (Table 4) showed the food habits practices by selected subjects as 74.80 per cent had habit of eating meals regularly. Out of which 25.19 per cent had habits of skipping breakfast, lunch (11.45%) and dinner (6.10%). The data presented in Figure 1 Showed that 83.20 per cent of working women had the habit of taking mid morning meals, while 22.90 per cent take early morning tea with biscuits and 45.03 per cent take evening tea with snacks.

Table 4. Food habits of the selected subjects (n=131).

Sr. No	Interviewed Questions	% Response
01	Do you take three meals at regular intervals?	74.80
02	Do you skip any meals daily?	
	Breakfast	25.19
	Lunch	11.45
	Dinner	6.10
03	Do you take in between meals?	
	Early morning	22.90
	Mid morning	83.20
	Evening time	45.03
04	Do you take lemon water daily?	22.90
05	Do you drink tea/coffee daily?	83.20
	With Sugar	58.77
	Without Sugar	24.43
06	Do you drink minimum 6-8 glasses of water daily?	76.33

07	Are you suffering from any following diseases?	
	Diabetes	0
	Blood pressure	6.87
	Heart problems	1.52
	Cancer	0
	Frequent fever	3.05
	Urinary tract infections	5.34

The results further revealed that 22.90 per cent women had habit of taking regular lemon water, tea (83.20%) and add sugar in tea (58.77%). Only 76.33 had habit of drinking water at regular interval. None of the working women were suffering from diabetes whereas, 6.87 per cent were suffering from blood pressures problem, 3.05 per cent from frequent fever and 5.34 per cent were from UTI.

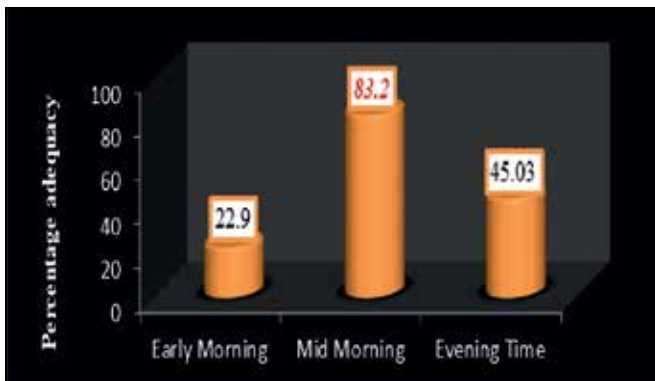


Fig 1. Habit of taking in between meals

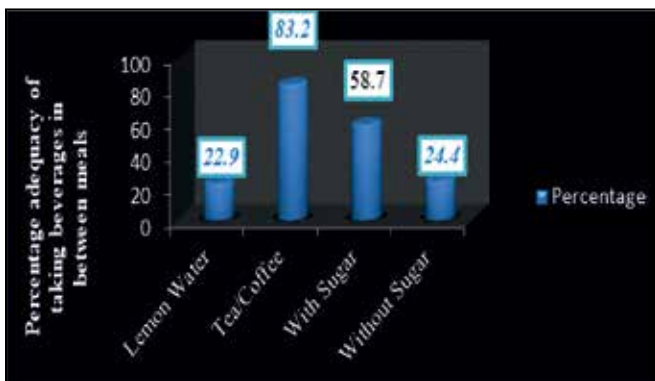


Fig 2. Habit of taking beverages.

The results (Table 5) further showed that only 29 % of working women were indulged in daily exercise, Only 87.78% women had habits of taking

Table 5. Information on lifestyle factors from selected Respondent

Sr. No	Interview Questions	% Response
1.	Do you have regular sleep (6-8 hr)?	87.78
2.	Do you do any exercise daily?	29.00
3.	Do you feel stress, tension or anxiety?	69.46
	Its related to family	44.27
	Its related to office	33.58
	Its related to friends	50.38
	Its related to relatives	3.05
	Any other	6.87
4.	Do you feel more comfortable while discussing your problems?	89.31
	Family	53.43
	Friends	50.38
	Relatives	5.34
	Colleagues	13.74
5.	Are you satisfied with your life?	88.54

Table 6. Correlation Coefficient between different variables (n=131)

Sr. No.	Variable	R Value
1	Age and BMI	-0.43***
2	Age and height	0.06 (NS)
3	Age and weight	0.43***
4	Age and exercise	0.085**
5	Anxiety and water	0.137***
6	Anxiety and tea	0.145***
7	Anxiety and diet	0.073**
8	Anxiety and sleep	-0.09**
9	Anxiety and satisfaction	-0.039 (NS)
10	BMI and exercise	-0.06 (NS)
11	Exercise and sleep	0.135***
12	Diet and sleep	0.138***
13	Satisfaction and sleep	-0.206***

** Significant at 5% level (0.07); *** Significant at 1% level (0.103)

NS- Non-significant

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regular sleep of 6-8 hours. The data further showed that 53.43 % feel free in discussing with family members, 50.38 % with both relatives and friends, 13.74% with colleagues and rest 5.34% with relatives, etc.

The correlation analysis (Table 6) showed that there was a significant ($P \leq 0.01$) positive correlation among the diet, sleep and weight. The results further showed that daily habit of exercise improves the life span significantly ($P \leq 0.05$).

CONCLUSION

The study concludes that only 87.78 per cent women had habits of taking regular sleep of 6-8hr, 53.43 per cent feel free in discussing with family members, 50.38 per cent with both relatives and friends, 13.74 per cent with colleagues and rest 5.34 per cent with relatives, etc. There was a positive correlation found between sleep with exercise, diet with sleep and satisfaction of life with sleep. The study suggested that healthy diet with regular exercise and having sound sleep of 6-8hr reduced the incidence of anxiety.

REFERENCES

- Ahuja A K and Sharma M (2014). Milk consumption pattern among rural farm women of district Kapurthala. *J Krishi Vigyan* **3**(1) : 48-53
- Farhud D D (2017). Lifestyle and sustainable development. *Iran J Public Health* **46**(1):1-3.
- Jellife D B (1966) The assessment of nutritional status of community. World Health Organization Monograph Series No.53, Geneva, p.50-84
- Rev S P (2018) Are there any differences in the quality of the diet of working and stay at-home women. *52*: 47.doi: 10.11606/S1518-8787.2018052000104.
- WHO Expert Consultant (2004). Appropriate body mass index for Asian populations and its implications for policy and intervention strategies. *The Lancet*. **3**:157-63.
- Ziglio E, Currie C and Rasmussen V B (2004). The WHO cross-national study of health behavior in school aged children from 35 countries: findings from 2001–2002. *J School Health* **74** (6): 204– 206.
- Are there differences in the quality of the diet of working and stay-at-home women?

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