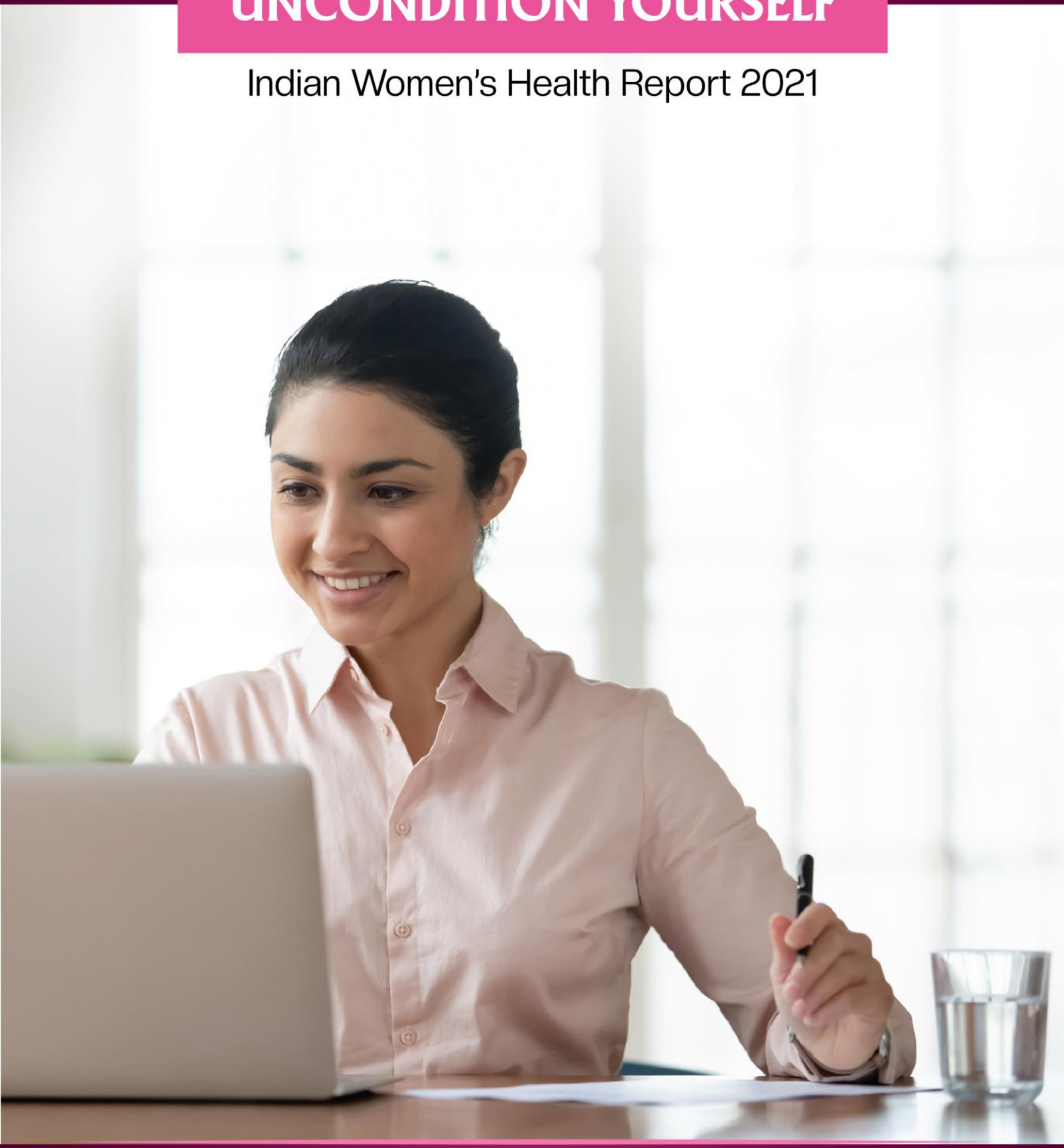
Emcure
SUCCESS THROUGH INNOVATION

UNCONDITION YOURSELF

Indian Women's Health Report 2021



An Emcure Pharmaceuticals Initiative

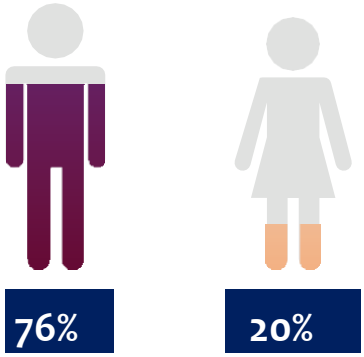
Contents

1. Study Background

Women are the backbone of the society. They play a vital role in the economic development of the country and their contribution is at par with their male counterparts. Without active participation of women in various national, social, economic and political activities, the progress of the country will be stagnant. Traditionally, Indian women have been home makers but overtime, things have changed with better educational facilities, more awareness amongst communities and increasing financial demands of the family. Although women have started working, there are several issues and challenges that are still persistent. These issues are not only associated with the perception of the society but are also related to the prejudices faced at workplace . Women continue to face discrimination at workplace at multiple levels such as unequal pay, job insecurity, mental and physical harassment, lack of proper family support, etc. Apart from this, women themselves tend to ignore their health as they prioritize work and family over their own health. Balancing work and family roles simultaneously has become a key personal and family issue for many societies. Women tend to deal with home and family issues as well as job stress on a daily basis.

Although Indian economy is growing, and our working-age population is expected to climb to over 800 million people by 2050[1], less than one-quarter (20.3%) of women aged 15 and above participate in the workforce (compared to 76.0% of men) as per a 2020 study.[2]

- Women account for only 19.9% of the total work force in India
- India's low workforce participation rate for women can be attributed to some issues such as restrictive cultural norms regarding women's work, the gender wage gap, an increase in time spent by women continuing their education, and lack of safety policies and flexible work offerings.
- Recent job stagnation and high unemployment rates among women, exacerbated by the Covid-19 pandemic, also keep women out of the workforce. Rural women are leaving India's workforce at a faster rate than urban women.



While there are several factors that hamper the full economic participation of India's women, it is clear that most of them can be traced back to entrenched social norms that restrict their agency and, consequently, their full participation in the economy.

It is time to understand what the ground reality for women is and openly discuss health & wellbeing concerns which are important to them.

The ultimate goal is to drive change and 'uncondition' expectations, roles and behaviors, to take a step towards building a supportive ecosystem for women in the workforce.

1. World Economic Forum, January 30, 2020
2. The World Bank Databank (2020).
3. The Diplomat, July 31, 2020
4. RET Academy for International Journals of Multidisciplinary Research (RAIJMR) (http://www.raijmr.com/)

2. About the Study

Despite the economic advances, issues related to women's health are still being associated with irrational taboos which has led to years of stigmatization.

Women are multitaskers, juggling between multiple responsibilities at the same time. In dealing with endless duties, women often neglect an important aspect that is their own health. Many a times they deal with unpleasant beliefs about being a woman and adopt measures which superficially address or tackle these problems.

Women are conditioned / raised to think in a particular way rather than address the core issues which results in multiple problems. Several underlying medical conditions are unknown to the larger society which have compelled women to "live" with the condition rather than address it. Some examples are as given below –

What the society thinks?	What the society should focus on?
Hide your 'period stains'	What medical condition is the trigger for the increased blood flow this month?
Look at your 'facial hair'. You look like a boy.	Is increased facial hair a sign of hormonal imbalance?

This initiative aims to bring to light important health issues that India's significant women workforce is facing, and to understand the stereotypes surrounding their health. The study is focused on connecting with working women residing in key metros and bringing forth social, cultural and health issues that become the conservation starter with the media and other stakeholders.

Thus, Emcure Pharmaceuticals commissioned this study to IPSOS, to identify the prevalent notions and misconceptions about women's health/ issues / concerns and well- being from the cultural and social context in India.

3. Research Objectives

- The study is conducted to understand current concerns or social stigma experienced by women in corporate setting.
- To determine their opinion on health issues which are considered a taboo for women - Menstruation, Hormonal Problems, Fertility issues etc.
  - Societal beliefs
  - Advice received
- To understand the awareness around the core reason for the problems / health issues faced
- To understand the impact of these problems/ health issues in the corporate set up
  - Level of support received
  - Level of discomfort experienced
  - Impact on corporate career due to the problems/ health issued faced
- To identify the unmet needs and expectations of women from corporate organizations, which will address the need for adequate support

4. Profile of Respondent

Respondent Category

Women aged 25-55 years working in a corporate setup or white collared women employees from sectors such as IT/Infrastructure/ Financial / Healthcare etc.

Research Tool

Online Quantitative Surveys

5. Method of Data Collection

Quantitative methodology was adopted wherein:

- The length of each interview was approximately 20 minutes
- A token of honorarium was provided to the respondents at the end of the interview, in lieu of their professional time provided for the expert opinion on the subject
- Post completion respondent level data was scrutinized to check for data discrepancies and call backs were arranged with the respondent to clarify the responses
- Post data cleaning, data processing was done by the in-house team
- Non-probability sampling was conducted using a screener

6a. Sample Size

CITIES	NO. OF RESPONDENTS
Mumbai	150
Kolkata	150
Delhi	150
Chennai	150
Hyderabad	133
Bangalore	137
Pune	130
TOTAL	**1000**

6b. Sample Size

SECTORS	NO. OF RESPONDENTS
Media Related people (DD, Publishers, TV, Radio, Newspaper, etc.)	41
Pharmaceutical company	32
Manufacturers / Wholesalers in personal care category	78
Retailers / Distributors	75
IT firm	403
Engineering company	67
Bank/Financial institution	160
Educational institutes	76
Others	68
TOTAL	**1000**

7. Sampling Plan

Online Quantitative survey was conducted to get an estimate on key quantitative indicators. Structured Self completing questionnaires were shared as unique links with the respondents to capture the information.

The minimum sample size that was used to generate estimates has been derived from the following formulae:

Sample Size = (Z-score)2 * proportion*(1- proportion) / (margin of error)2

Proportion was taken at 50% as maximum sample size was calculated with 0.50. The MoE[5] was taken as 4% and Z was taken at the significance level of 95% (Z=1.96).

The resulting sample came out to be 600. Design effect of 1.6 was taken into consideration (A design effect is an adjustment made to find a survey sample size, due to a sampling method e.g. cluster sampling, respondent driven sampling, or stratified sampling resulting in larger sample sizes or wider confidence intervals than you would expect with simple random sampling) , the final sample size was estimated to be 600* 1.6 = 960.

The overall sample for this study was taken as 1000 which was distributed in different cities to capture the information.

[5] *Margin of error, also called confidence interval, tells you how much you can expect your survey results to reflect the views from the overall population.*

Note:

The report contains Ipsos IP – all the research tools, methodologies, processes, database, algorithms, questionnaires, either forming part of this report or has been used to derive the findings of this report, shall be exclusively owned by Ipsos as Ipsos IP and we grant limited, non-exclusive, non-transferable rights to Emcure to use Ipsos IP ad access for its business purpose.

8. Research Findings

8.1 Work-life Balance

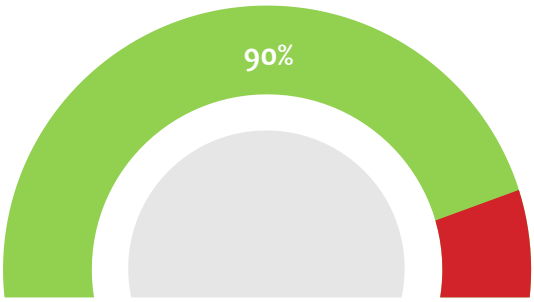
Increasing demands from both professional and personal life have become a source of work–family conflict, equally greedy of energy and time that need to be kept at an equilibrium.

During our research, the following was observed when working women (N=1000) were asked whether they have ever been in a situation where they had a conflict of interest or faced a challenge in balancing between familial/ personal obligations and professional obligations.

Overall, 1000 women were interviewed where 500 belonged to the age category of 25-40 years (younger group) and the other half were aged between 41-55 years (older group).

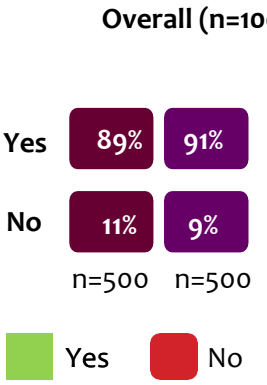
25-40 years - (A) (n=500)

41-55 years - (B) (n=500)



8.1.A Conflict of interest

between balancing familial/ personal obligations and professional obligations

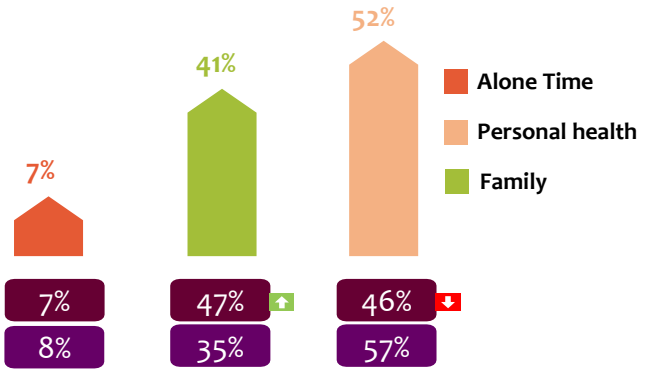


Almost all women (90%) confirmed that they have faced conflict of interest between balancing family/ personal obligations and professional obligations. Looking at the two groups of age, 91% women in the age category 41-55 years face these conflicts, while 89% women belonging to age category of 25-40 years mentioned the same.

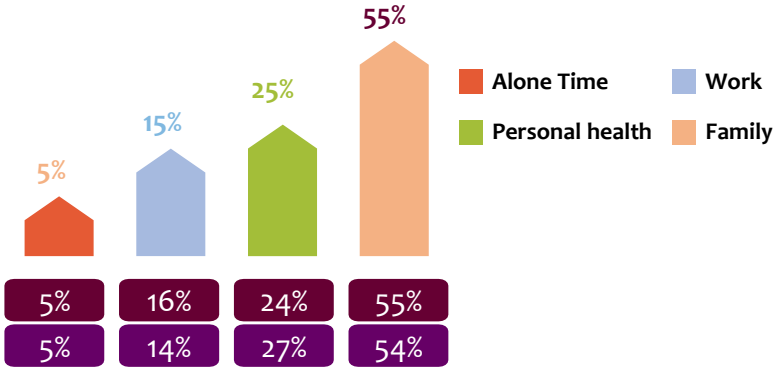
By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Yes	87%	94%	85%	97%	81%	91%	93%
No	13%	6%	15%	3%	19%	9%	7%

Across cities, the conflict of interest between balancing family/ personal obligations and professional obligations was mainly observed in Chennai (97%) followed by Delhi (94%), Pune (93%), and Bangalore (91%).

8.1.B Most difficult to balance with work



8.1.C Order of priority in woman's life



25-40 years - (A) (n=446)

41-55 years - (B) (n=453)

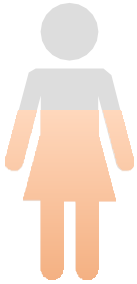
By Cities

	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base:	*131*	*141*	*128*	*146*	*108*	*124*	*121*
Personal health	47%	48%	50%	61%	43%	55%	56%
Family	44%	45%	46%	29%	50%	39%	35%
Alone time	8%	7%	4%	10%	7%	6%	9%

By Sectors

	Maf. of any personal category	Retailers / Distributors	IT firm	Engineering company	Bank/Financial institution	Educational institutes
Base :	*75*	*67*	*352*	*65*	*142*	*68*
Personal health	47%	67%	48%	46%	54%	50%
Family	49%	22%	46%	51%	35%	35%
Alone time	4%	10%	6%	3%	11%	15%

Across cities, balancing personal health with work was reported as a concern mainly by working women in Chennai(61%). Further, this was more common among women working in the retailer/ distributor sector(67%).



Women give

62% **Overall (n=1000)**

Importance to

Health over other work &

Family commitments

64% 61%

25-40 years - (A) (n=500)

41-55 years - (B) (n=500)

Significantly lower than older age group (41-55 years)

Significantly higher than older age group (41-55 years)

Nearly half of the women respondents reported facing difficulty in managing personal health (52%) & the other half faced difficulty in managing family (41%) even though both rank high in their priority list; family ranks 1st followed by personal health.

8.2.A Common Pressures and Impact on Performance

Common and Toxic Pressures Laid on Working Women

Women continue to encounter challenges when it comes to advancing in the workplace and in many facets of society. When working women (N=1000) were asked about the most common & toxic pressures they face, the following observations were received:

Note - The statements mentioned above are as per those used in the questionnaire provided to the respondents

Overall (n=1000) | **25 -40 years- (A) (n=500)** | **41-55 years - (B) (n=500)** | **Family – 75%** | **Health – 73%** | **Child – 65%**

Significantly lower than older age group (41-55 years) | **Significantly higher than older age group (41-55 years)**

8.2.A

50% respondents opine that women are subjected to pressure associated with prioritizing family over work, marriage pressures and not paying attention to their child/ children.

75% women face pressures associated with family

- Quitting job to focus on family
- Prioritize family over work

73% women face pressures associated with health

- Refusal of marriage
- Proposals/ Judgement faced on marriage proposals due to health issues
- Judgement faced due to gynecological issues

65% women face pressures associated with child care

- Quitting job to conceive baby
- Facing judgement of not being a loving/ caring mother as the child goes to day care

8.2.A Common Pressures and Impact on Performance

(By Cities)

	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base:	150	150	150	150	133	137	130
Women are expected to prioritize family over work	69%	59%	50%	57%	55%	59%	51%
She faces women related health issues (PCOS, endometriosis, etc.), who will marry her	56%	52%	50%	73%	52%	55%	52%
Quit your job & focus on your family	49%	49%	49%	47%	47%	50%	48%
You should not keep your child in day care, you are not a loving & caring mother	51%	42%	50%	52%	38%	53%	47%
Quit your job & focus on conceiving a baby	45%	39%	40%	37%	41%	42%	42%
She is suffering from other chronic conditions	38%	44%	36%	42%	38%	36%	48%
Quit your job & get married	43%	40%	31%	39%	38%	33%	34%
Gynecological issues regularly	34%	34%	21%	31%	19%	29%	15%

While a similar trend was reported across cities, in Chennai however, about 3/4th of working women predominantly face marriage pressures due to women's health conditions like PCOS and Endometriosis.

8.2.A Common Pressures and Impact on Performance

(By Sector)

By Sectors	Maf. of any personal category	Retailers / Distributors	IT firm	Engineering company	Bank/ Financial institution	Educational institutes
Base:	75	67	352	65	142	68
Women are expected to prioritize family over work	53%	52%	56%	57%	56%	82%
She faces women related health issues (PCOS, endometriosis, etc.), who will marry her	63%	61%	57%	52%	49%	62%
Quit your job & focus on your family	51%	31%	49%	63%	43%	59%
You should not keep your child in day care, you are not a loving & caring mother	62%	40%	47%	43%	48%	57%
Quit your job & focus on conceiving a baby	32%	36%	44%	45%	35%	51%
She is suffering from other chronic conditions	27%	29%	44%	42%	38%	45%
Quit your job & get married	74%	31%	33%	54%	31%	36%
Gynecological issues regularly	22%	15%	28%	33%	24%	47%

Again a similar trend was seen across centers, however, working women in educational sectors (82%) face maximum pressures about prioritizing family over work.

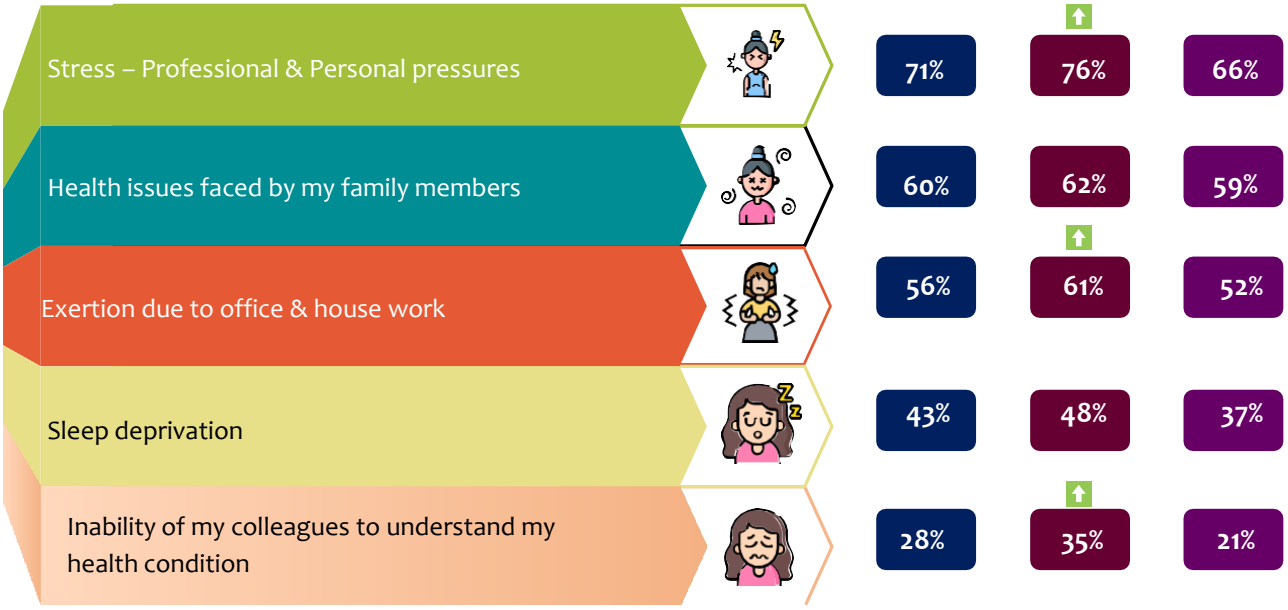
8.2.B Factors Impacting Performance Negatively

Stress and its detrimental effects on human health have rapidly increased over the last few years across genders. It can result in change in individuals' cognitive, physical, psychological and emotional structures as a result of a high perceived pressure due to workload or societal/ familial reasons.

Stress can induce many different reactions, onset of other related/ unrelated diseases, unhealthy behavior among individuals.

Women tend to face harsher brunt as they have to constantly juggle between work & family needs; dual demands of these two spaces contribute to the unique stress experienced by women.

Working women (N=1000) were asked about the various factors that impacts their professional performance negatively. It was observed that Stress related to Professional & Personal pressures (71%) is the leading cause followed by health issues associated with family members (60%).



Overall (n=1000) **25 -40 years- (A) (n=500)** **41-55 years - (B) (n=500)**

Significantly lower than older age group (41-55 years) **Significantly higher than older age group (41-55 years)**

8.2.B

When women of different age categories were compared, it was observed that there were significantly high percentage of younger women reporting some of these issues compared to older women in our survey.

8.2.B Factors Impacting Performance Negatively

(By Cities)

	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base:	150	150	150	150	133	137	130
Stress – Professional & Personal pressures	73%	71%	73%	78%	68%	71%	62%
Health issues faced by my family members	60%	61%	57%	67%	56%	64%	55%
Exertion due to office & house work	61%	53%	55%	61%	52%	56%	55%
Sleep deprivation	43%	45%	41%	43%	44%	44%	38%
Inability of my colleagues to understand my health condition	35%	34%	23%	25%	25%	25%	28%

Even across cities, stress – professional & personal, stood out as the main reason impacting performance negatively in working women.

8.3 Common Pressures and Impact on Performance

Many factors affect the type of discrimination a woman experiences in the workplace, depending on place of work, location and other identifying characteristics.

Examples of gender discrimination and harassment includes:

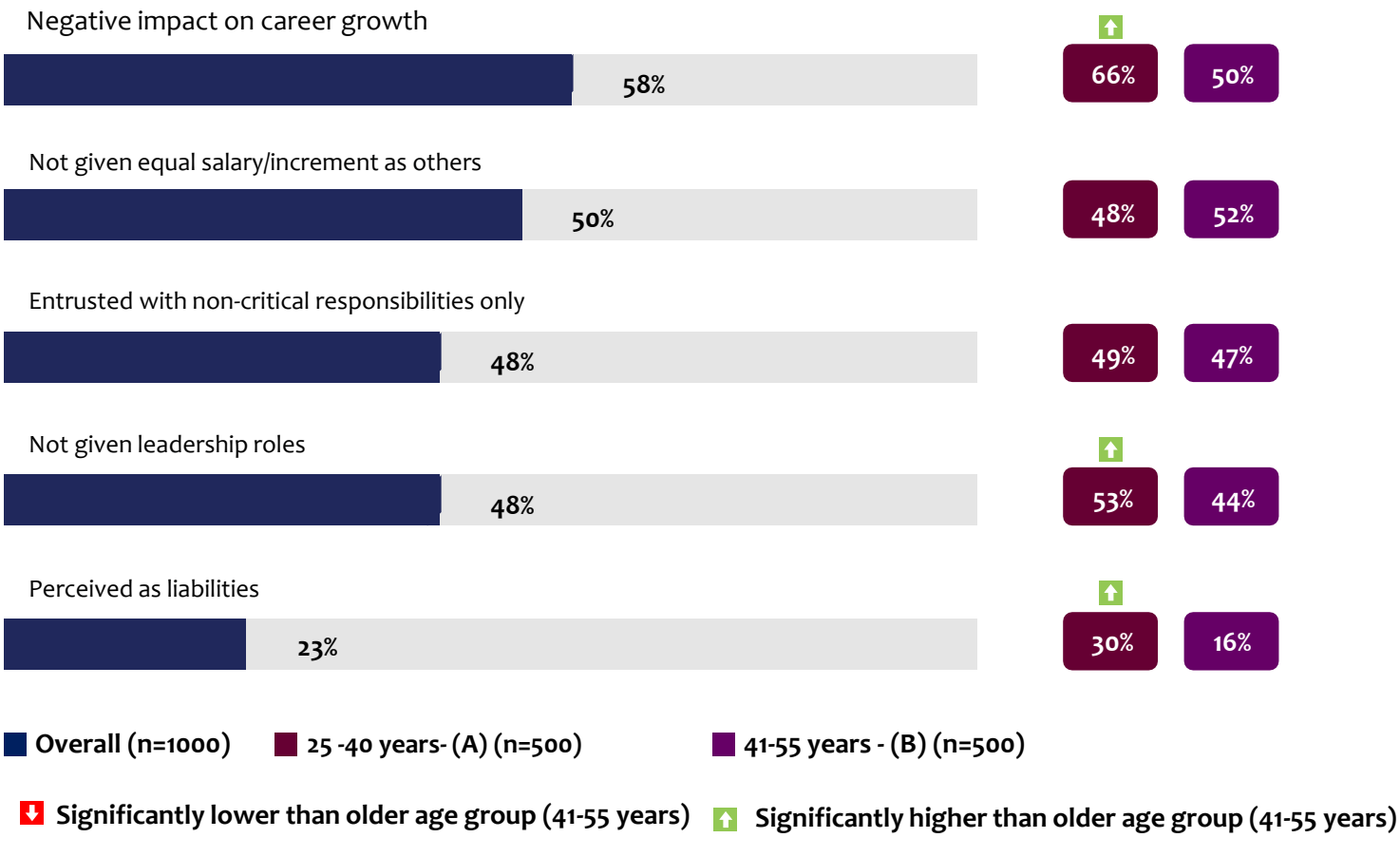
- Being passed over for a promotion on account of gender; also known as the "glass ceiling"
- Getting paid less than a male counterpart
- Being given less paid sick leave or denied employee benefits
- Prejudiced treatment in hiring or firing processes on account of gender
- Being written up for a behavior that does not result in disciplinary action when performed by male employee
- Being the subject of derogatory language or slurs on account of being a woman

Prejudices Faced at Workplace by Women Suffering from Health Concerns

When women respondents (n=1000) were asked about the kind of prejudice they have experienced or observed against other women facing medical condition at workplace, majority (58%) of them pointed out that it created 'negative impact on their career growth' followed by:

- Not getting equal salary/increment (50%)
- Entrusted with non-critical responsibilities only (48%)

Prejudice Against Women At Workplace 8.3.A



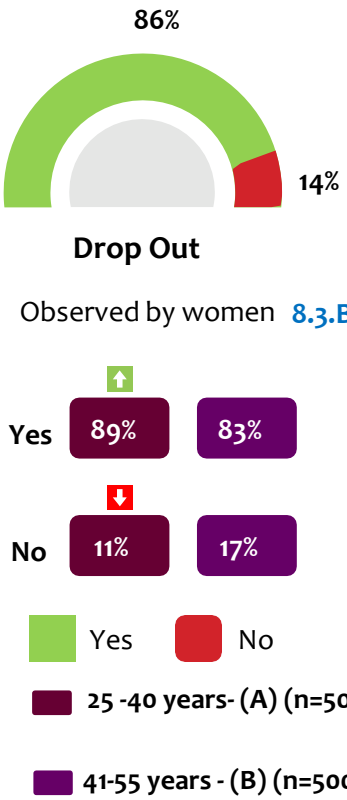
By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Negative impact on career growth	67%	61%	47%	71%	53%	53%	55%
Not given equal salary/ increment as others	53%	43%	49%	53%	51%	54%	48%
Entrusted with non-critical responsibilities only	41%	50%	55%	53%	47%	42%	49%
Not given leadership roles	54%	51%	51%	55%	45%	45%	35%
Perceived as liabilities	30%	34%	18%	21%	18%	20%	22%

Majority working women in Chennai (71%), followed by Mumbai (67%), mentioned that the prejudices experienced/ observed about women facing medical conditions at the workplace created a 'negative impact on their career growth'.

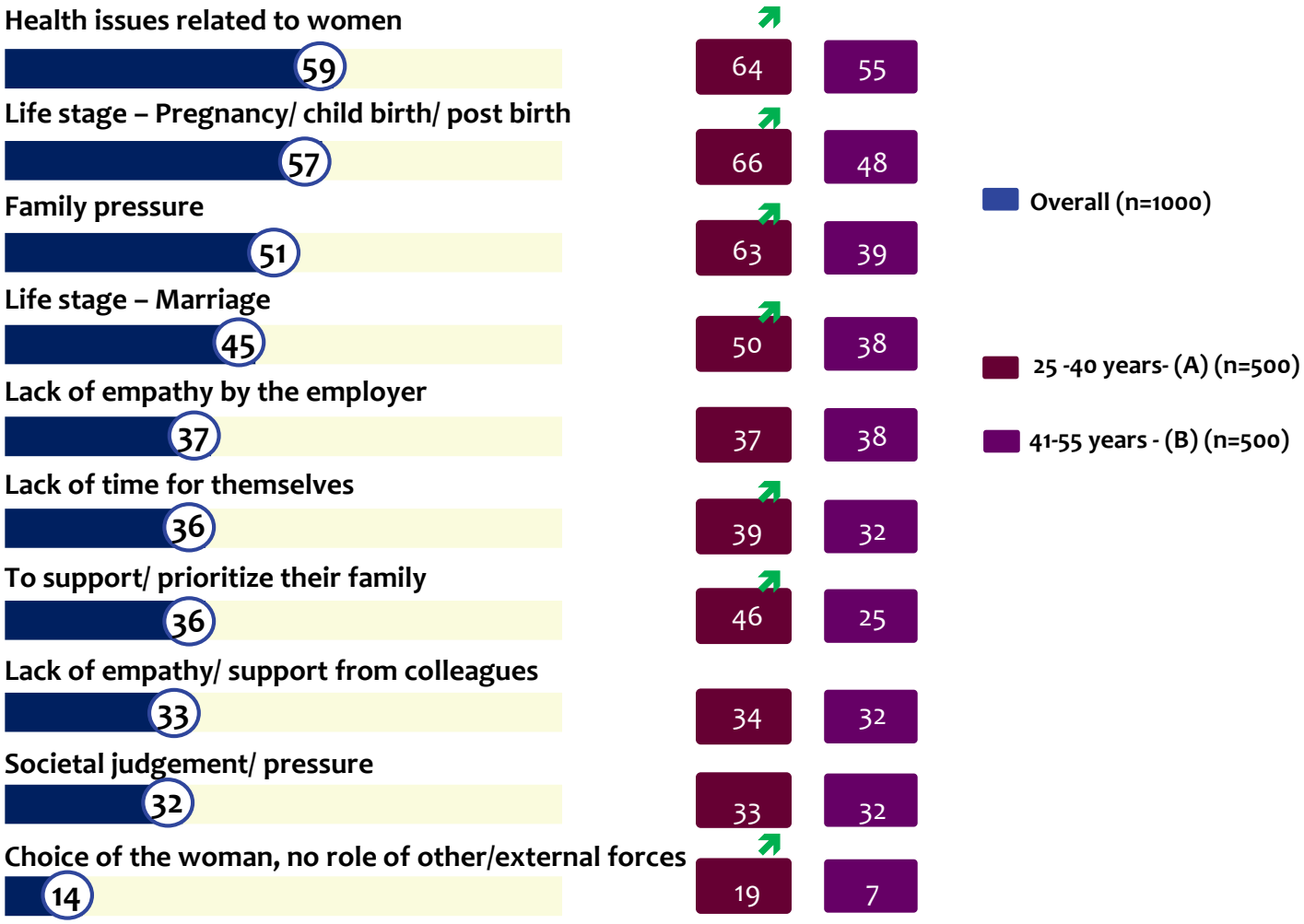
Women respondents (n=1000) were asked whether they have observed other female colleagues/ friends/ relatives dropping out of workforce or taking a sabbatical from their career. Majority of them (86%) have responded that they have observed the same.

In addition to this, when women among different age categories were compared, it was observed that a greater percentage of women aged between 25-40 observed their female colleagues/ friends/ relatives dropping out of workforce as compared to women in older age group (41-55 years)

Among those women who reported to observe drop out from workforce (n=860), majority of them (59%) reported that health issue is the most common reason for women to drop out of workforce or take a sabbatical from their career followed by reasons related to life-stage (such as pregnancy/ childbirth/ post birth/ marriage) & family pressure.



REASONS FOR DROP OUT 8.3.C



Drop Out Observed by women **8.3.B**

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Yes	89%	90%	85%	95%	77%	82%	81%
No	11%	10%	15%	5%	23%	18%	19%

REASONS FOR DROP OUT **8.3.C**

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*134*	*135*	*128*	*142*	*103*	*113*	*105*
Health issues related to women	54%	59%	59%	77%	53%	58%	50%
Life stage – Pregnancy/ child birth/ post birth	63%	59%	56%	58%	45%	69%	49%
Family pressure	61%	65%	45%	46%	50%	53%	35%
Life stage – Marriage	46%	47%	45%	52%	36%	38%	46%
Lack of empathy by the employer	37%	41%	45%	29%	42%	32%	35%
Lack of time for themselves	37%	35%	44%	31%	32%	33%	37%
To support/ prioritise their family	46%	41%	24%	30%	27%	50%	31%
Lack of empathy/ support from colleagues	39%	32%	35%	32%	31%	29%	31%
Societal judgement/ pressure	36%	28%	34%	33%	31%	27%	34%
Choice of the woman, no role of other/ external forces	19%	13%	14%	11%	9%	18%	10%

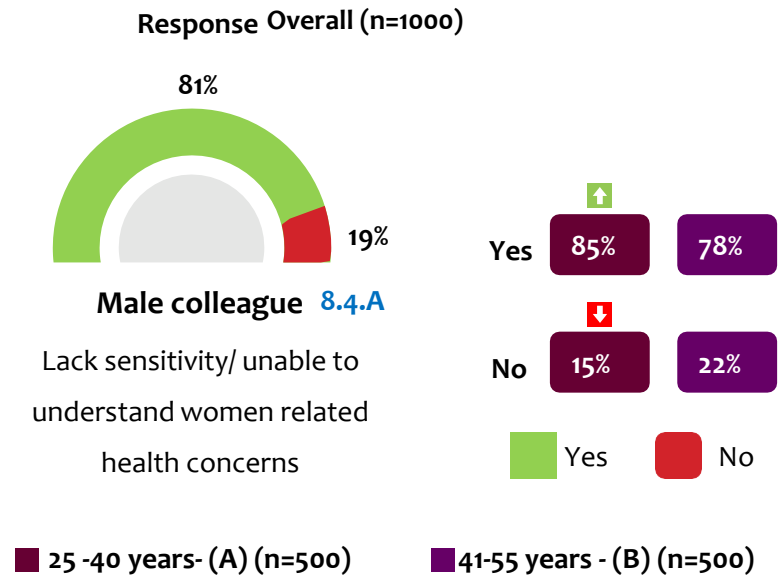
The dropout rates from the workplace were comparatively higher among working women in Chennai (95%), followed by Delhi (90%) and Mumbai (89%).
In Chennai, 'health issues(77%)' stood out as the main reason for dropouts from the workplace.
In Mumbai and Delhi, 'sabbatical due to life stage' and 'family pressures' also added to the reasons for dropouts from the workplace.
In Bangalore, 'sabbatical due to life stage' was the key reason for dropout from work as reported by 69% working women (higher than Mumbai and Delhi)

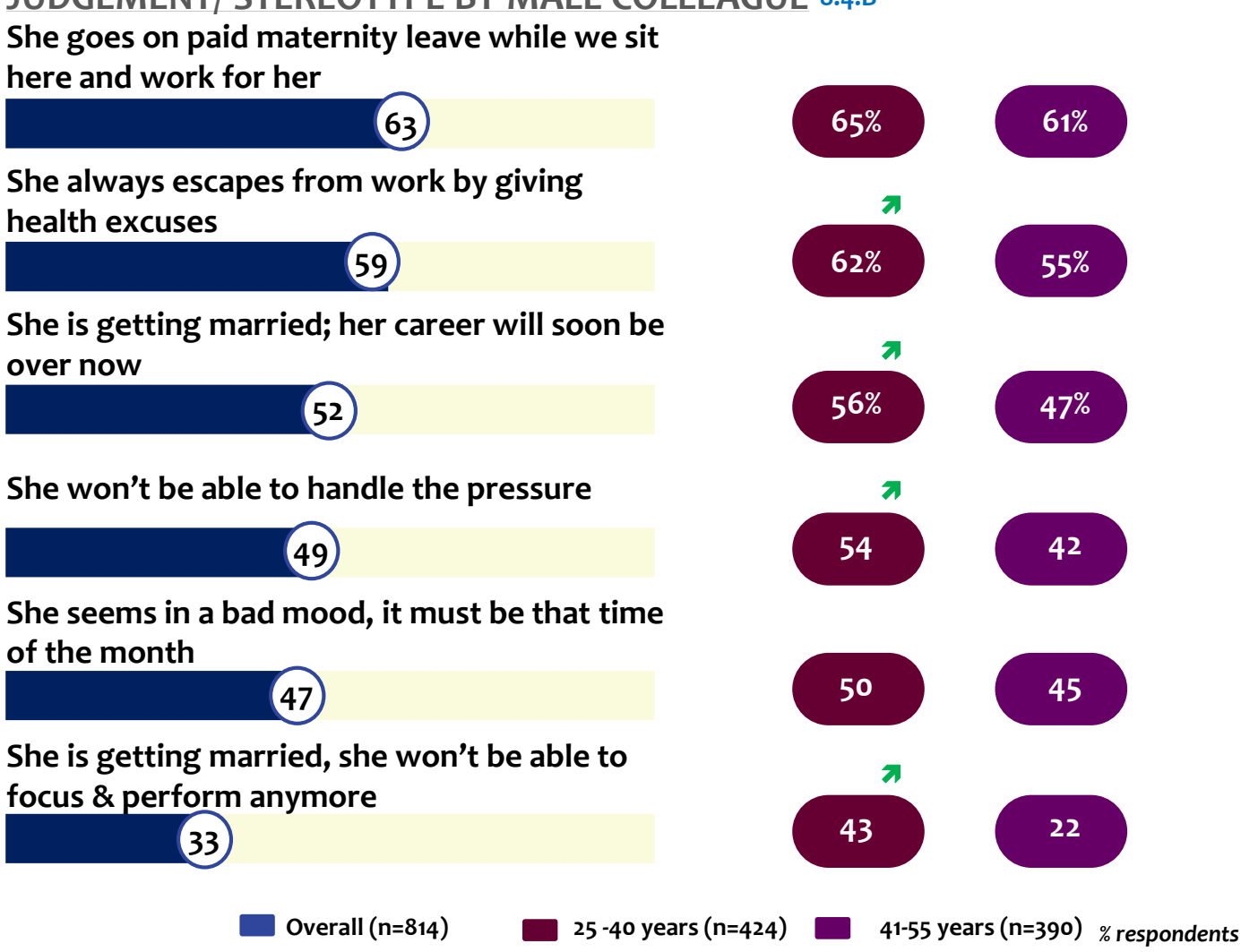
8.4 Male Colleagues Opinion on Women Health

To capture male colleagues' opinion on women's health, the following question was asked from the women respondents (n=1000):

Do you think male colleagues/ men in the workforce lack sensitivity/ are unable to understand women related health concerns? (n=1000)

~80% working women opine that male colleagues lack sensitivity.





Majority of the women respondents (63%) reported that male colleagues tend to pass judgement mainly around maternity leave followed by not understanding women's health concern and tagging it as "excuse" (59%).

8.4 Lack sensitivity/ unable to understand women related health concerns

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Yes	77%	91%	83%	94%	71%	73%	78%
No	23%	9%	17%	6%	29%	27%	22%

JUDGEMENT/ STEREOTYPE BY MALE COLLEAGUE 8.4.B

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*115*	*136*	*125*	*141*	*95*	*100*	*102*
She goes on paid maternity leave while we sit here and work for her	60%	63%	66%	69%	52%	70%	61%
She always escapes from work by giving health excuses	61%	60%	54%	63%	51%	59%	62%
She is getting married; her career will soon be over now	57%	52%	47%	56%	53%	44%	51%
She won't be able to handle the pressure	58%	56%	34%	48%	41%	49%	52%
She seems in a bad mood, it must be that time of the month	39%	49%	54%	46%	51%	43%	49%
She is getting married, she won't be able to focus & perform anymore	39%	47%	31%	30%	25%	40%	15%

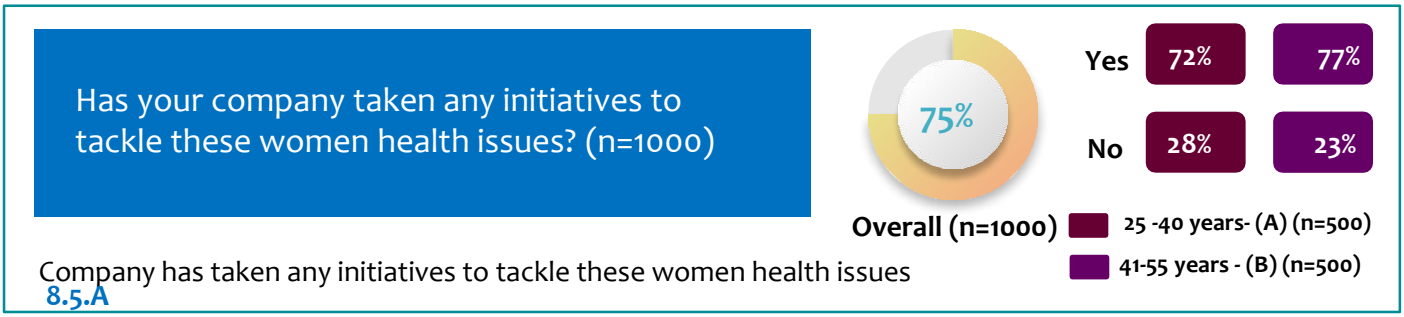
Concerns around lack of sensitivity by male colleagues were reported by a higher percentage of working women in Chennai (94%) and Delhi (91%). And the judgements made by their male colleagues were mainly around maternity leave and health "excuses".

8.5 Women Health Concerns and Management by Organizations

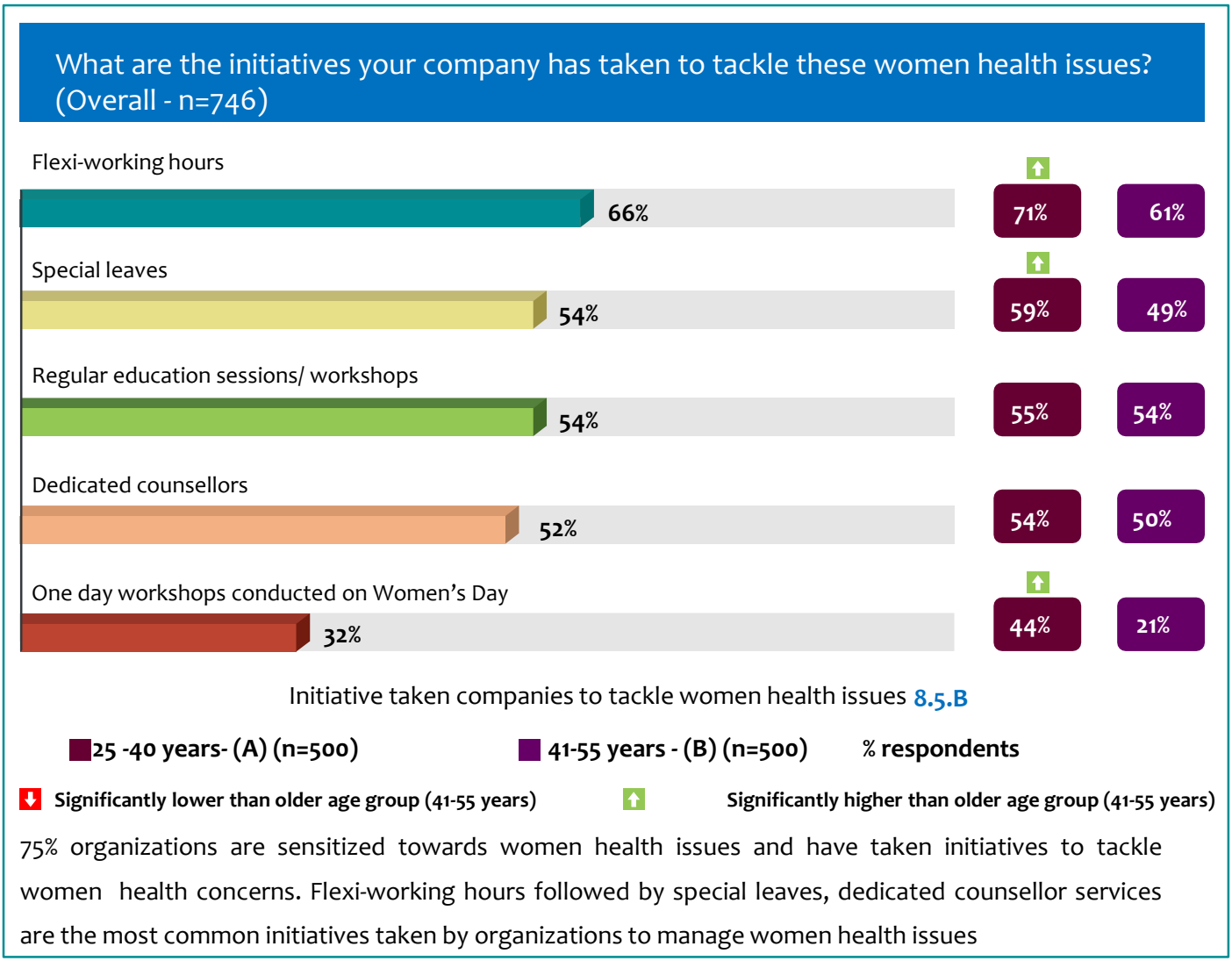
Gender equality and economic empowerment cannot be achieved unless women are healthy and can plan their familial obligations amongst other things. All the organizations should ensure incorporation of women's health into existing corporate women empowerment and gender equality initiatives.

While there are dozens of private sector programs investing in women health and empowerment around the world, data on the impact of these programs is still being collected, refined and disseminated.

While conducting the survey, when women respondents (n=1000) were asked whether their organization is sensitized to handle women health issues such as periods, PCOS, endometriosis and breast cancer, etc., a positive 76% of them reported that their organization is sensitized to handle such issues. While women feel that organizations are sensitive towards these issues, it has not led to better health management by these respondents. There is a subtle gap which needs to be filled and addressed by these organizations.



Company has taken any initiatives to tackle these women health issues 8.5.A



Initiative taken companies to tackle women health issues 8.5.B

25 -40 years- (A) (n=500) 41-55 years - (B) (n=500) % respondents

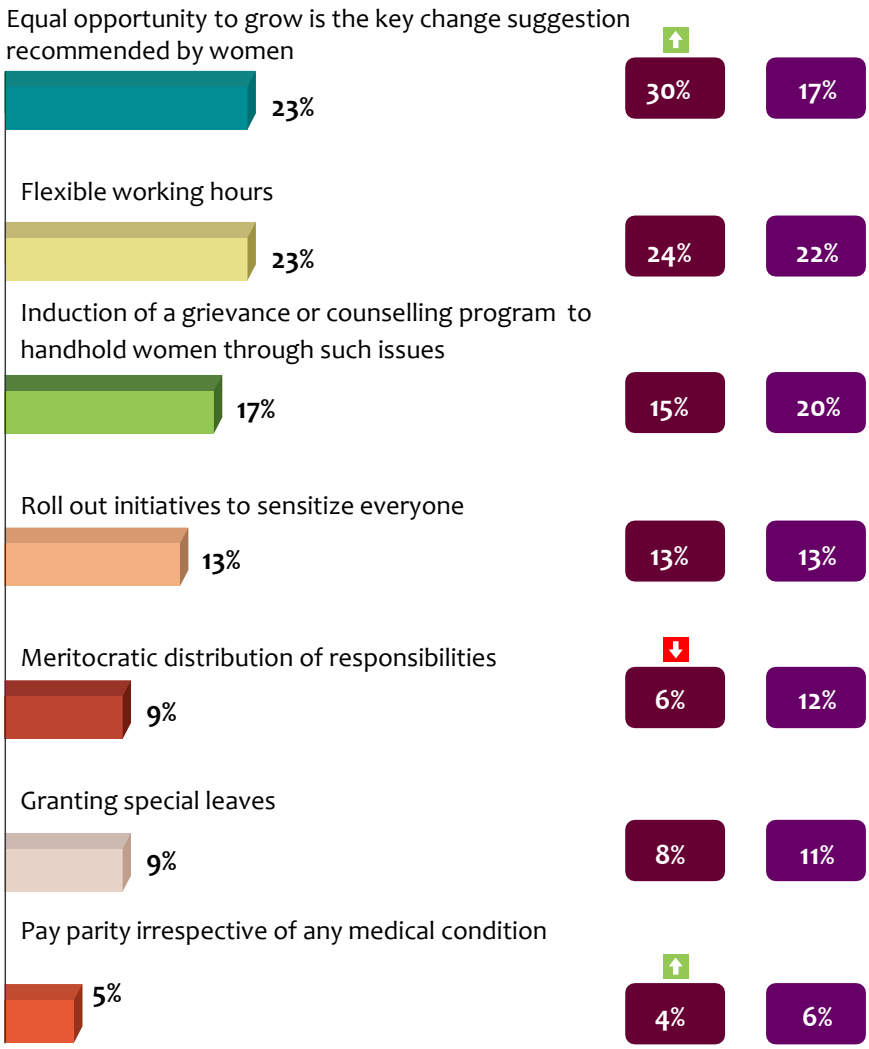
Significantly lower than older age group (41-55 years) Significantly higher than older age group (41-55 years)

75% organizations are sensitized towards women health issues and have taken initiatives to tackle women health concerns. Flexi-working hours followed by special leaves, dedicated counsellor services are the most common initiatives taken by organizations to manage women health issues

Change Suggestions Recommended Equal opportunity to grow

When women respondents (n=1000) were asked about the 'one' change they would want to recommend in the workforce setting to address the issue of women health concern, it was observed that equal opportunity to grow (23%) and flexible working hours (23%) are most important.

Among both the age group categories of women, a greater percentage of younger women (25-40 years) wanted equal opportunity to grow as compared to the older group (41-55 years).



Overall (n=1000) **25 -40 years- (A) (n=500)** **41-55 years - (B) (n=500)** **% respondents** 8.5.C

Significantly lower than older age group (41-55 years) **Significantly higher than older age group (41-55 years)**

8.6 Opinion and Attitude towards Health

While both men and women are affected by various health conditions, some health issues affect women differently and more commonly[6]. Furthermore, many of women's health conditions go undiagnosed.

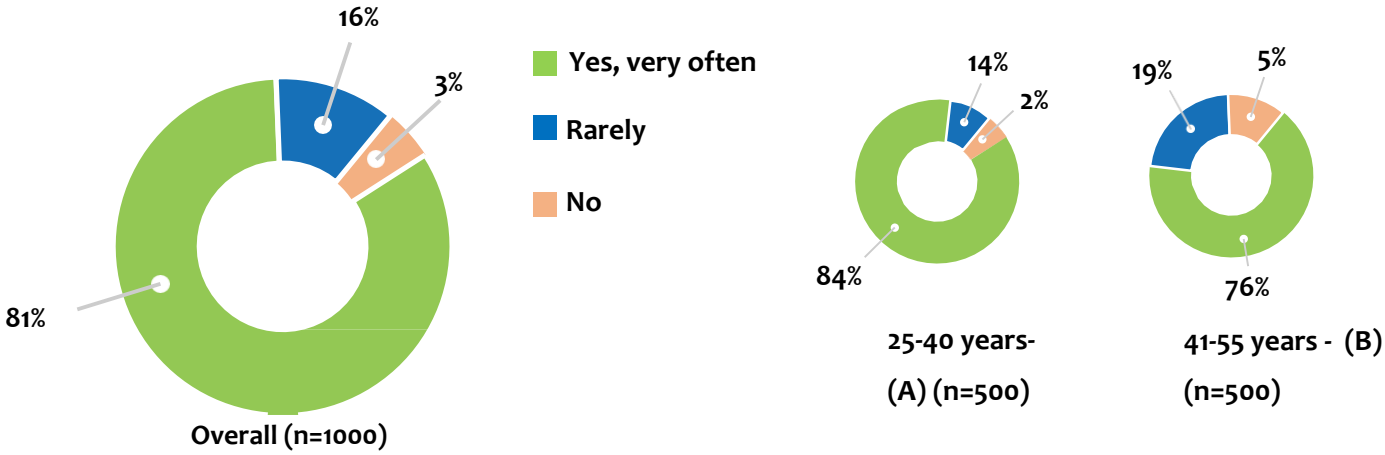
There are many health concerns which are exclusive to women, such as breast cancer, cervical cancer, menopause, etc.,

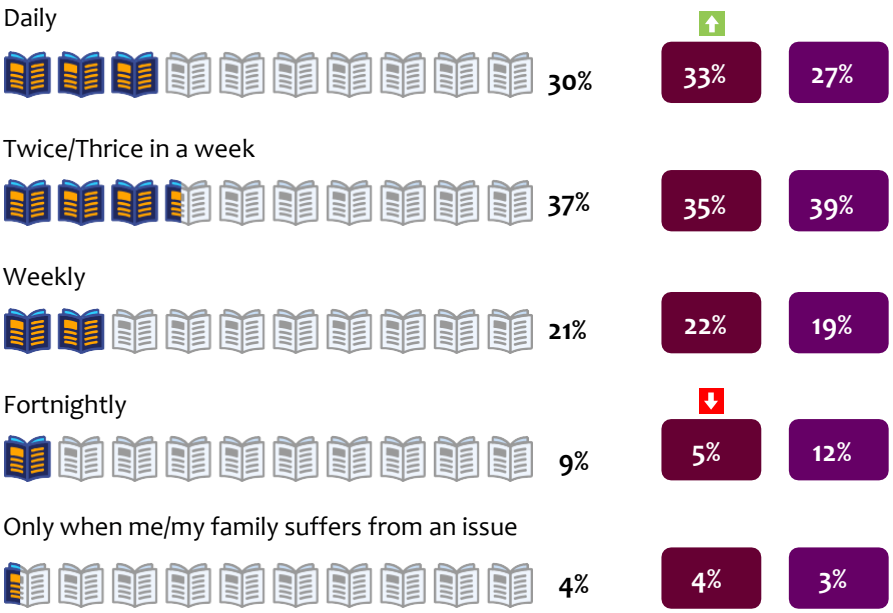
Women pose a higher risk of heart attack deaths as compared to men. Mental wellbeing of women is more commonly impacted negatively hence concerns such as depression and anxiety are exhibited more frequently by female patients.

Other concerns such as concerns associated with urinary tract conditions present more often in females, and sexually transmitted diseases have a far more greater impact/harm to women.
Hence, it is important for women to be aware about general health information (issues and concerns).

https://www.healthline.com/health-news/women-at-higher-risk-for-fatal-complications-after-heart-attack

Interest of Reading About General Health Issues/Concerns





8.6.A

Overall (n=802) | 25-40 years (n=419) | 41-55 years (n=383)

Significantly lower than older age group (41-55 years) | Significantly higher than older age group (41-55 years)

Attitude towards General Health Information

When women respondents (n=1000) were asked whether they read about general health issues/ concerns, 80% of them reported to be reading it 'very often' followed by 16% who mentioned that they rarely read about it.

Among the different age groups, percentage of respondents in younger group (25-40 years) were found to be reading more than the older group (41-55 years).

Only 4% of the respondents reported that they read about it only when somebody in their family suffers from that issue.

Among the ones who reported to be reading about health-related issues and concerns (n=802), majority of them mentioned that they read it twice/ thrice a week (37%) followed by the ones who are reading it daily (30%).

When the respondents were asked about their source of health information, it was observed that doctor/ family physician, health influencer blogs/ vlogs, print/online newspaper, health websites & doctor vlogs/ blogs are the top 5 source of information. And the most reliable source among these were reported to be doctor (~30%) followed by doctor vlogs/blogs (14%) & health websites (14%).

6. https://medlineplus.gov/womenshealth.html

Interest of Reading About General Health Issues/Concerns (By Cities)

	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Yes, very often	81%	89%	76%	89%	65%	82%	78%
Rarely	17%	10%	17%	11%	26%	17%	18%
No	2%	1%	7%	1%	8%	1%	4%

Comparatively higher percentage of working women in Chennai (89%) and Delhi(89%) reported that they read about general health issues very often. In Hyderabad, however, only 65% of working women mentioned reading general health issues very often.

Source of Health Related Information

8.6.B

25 -40 years- (A) (n=500) 41-55 years - (B) (n=500) % respondents

Sources of information

By Cities:	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Doctor/ Family physician	46%	46%	55%	55%	53%	52%	54%
Health Influencer blogs/ vlogs	42%	55%	48%	53%	47%	56%	52%
Print/ Online newspaper	52%	53%	43%	51%	44%	53%	47%
Health websites – WebMd, Mayo clinic, Healthline, etc	49%	61%	39%	51%	41%	50%	42%
Doctor vlogs/ blogs	44%	43%	43%	43%	51%	60%	48%
Facebook	45%	55%	43%	43%	46%	46%	35%
Instagram	46%	49%	36%	43%	47%	42%	37%
WhatsApp	43%	43%	35%	35%	33%	33%	32%
Research papers	26%	27%	28%	21%	35%	29%	28%
Quora, Redditt, etc	21%	22%	11%	8%	22%	20%	8%

Majority working women reported referring to sources of information like Doctor/family physicians, Health influencer blogs/vlogs, and print/ online newspapers to read about general health issues.

However, in Delhi (61%) - health websites and Bangalore (60%) - doctor vlogs/blogs were reported by majority working women as the source of information.

8.7 Women Related Health Concerns

Women have unique health requirements, even common gender-neutral health issues can affect women very differently. Also, women also undergo unique life stages such pregnancy, childbirth & post-childbirth requirements, menopause, etc. which may induce distinctive set of health concerns.

Along with care, regular check-ups and screenings are required for maintenance of proper health.

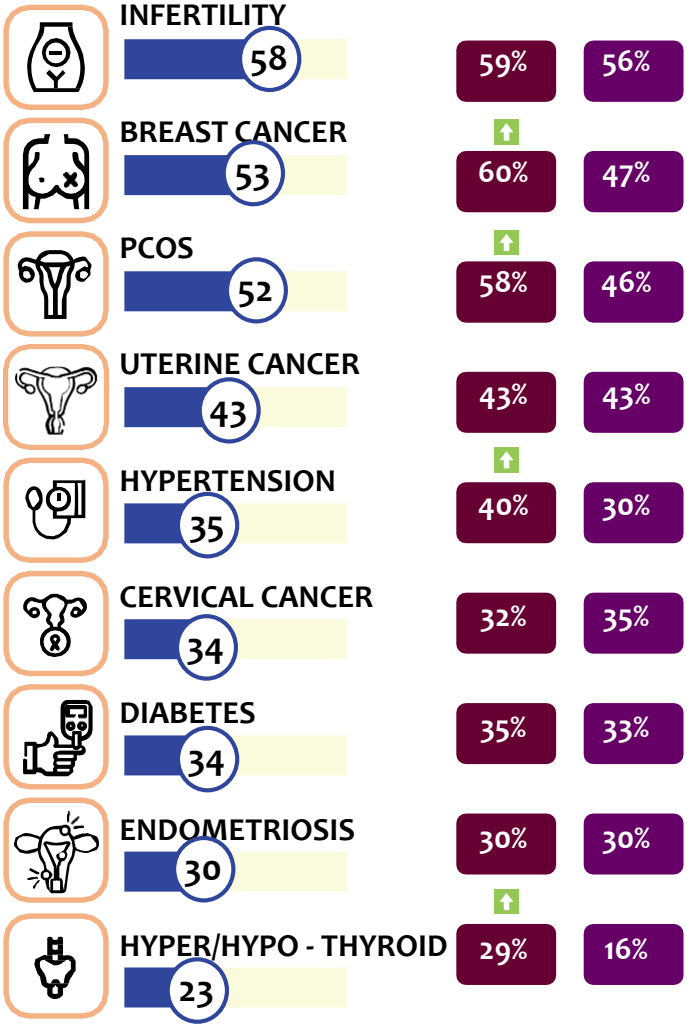
To create awareness about benefits of early prenatal care, regular breast cancer, cervical cancer check-ups, bone density screenings, etc., it is important for women to discuss these issues and not be hesitant to talk about it.

In our survey, the following questions were asked to respondents (n=1000) related to common health issues which women are hesitant to talk about and to know whether they know somebody suffering from any of these health issues.

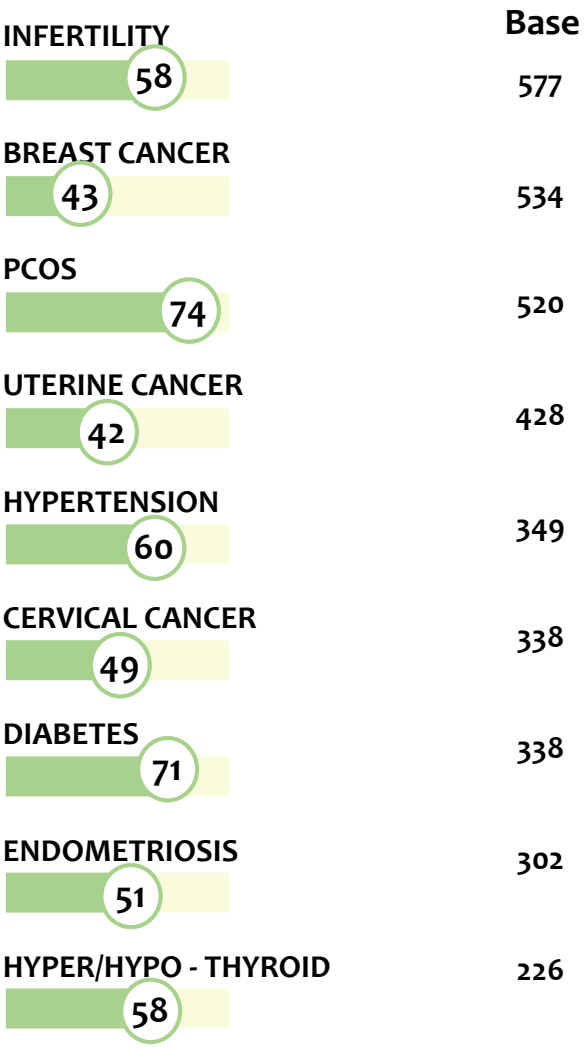
According to you, what are the common women related health issues which women hesitate to talk about openly?

Kindly select the health conditions someone you know or you yourself might have suffered/ is suffering currently?

8.7.A Hesitant Health Topics



Know Someone who suffered/self 8.7.B



Overall (n=1000) | 25 -40 years- (A) (n=500) | 41-55 years - (B) (n=500) | % respondents

Significantly lower than older age group (41-55 years)

Significantly higher than older age group (41-55 years)

Majority of the respondents opine that women hesitate to talk about infertility followed by breast cancer & PCOS.

Even though nearly 50% women are either suffering/ know someone suffering from the concern, they are still hesitant to discuss about these women health issues.

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
INFERTILITY	61%	52%	53%	55%	60%	63%	62%
BREAST CANCER	58%	56%	43%	57%	52%	54%	54%
PCOS	45%	55%	54%	73%	48%	45%	42%
UTERINE CANCER	47%	43%	37%	39%	45%	42%	48%
HYPERTENSION	40%	37%	28%	27%	47%	36%	29%
CERVICAL CANCER	29%	33%	35%	35%	33%	36%	36%
DIABETES	31%	36%	34%	30%	39%	34%	34%
ENDOMETRIOSIS	29%	37%	25%	37%	24%	24%	35%
HYPER/HYPO - THYROID	30%	19%	17%	19%	26%	29%	18%

A similar trend was observed across cities, however in Chennai, majority working women (73%) reported that they are mainly hesitant to talk about PCOS.

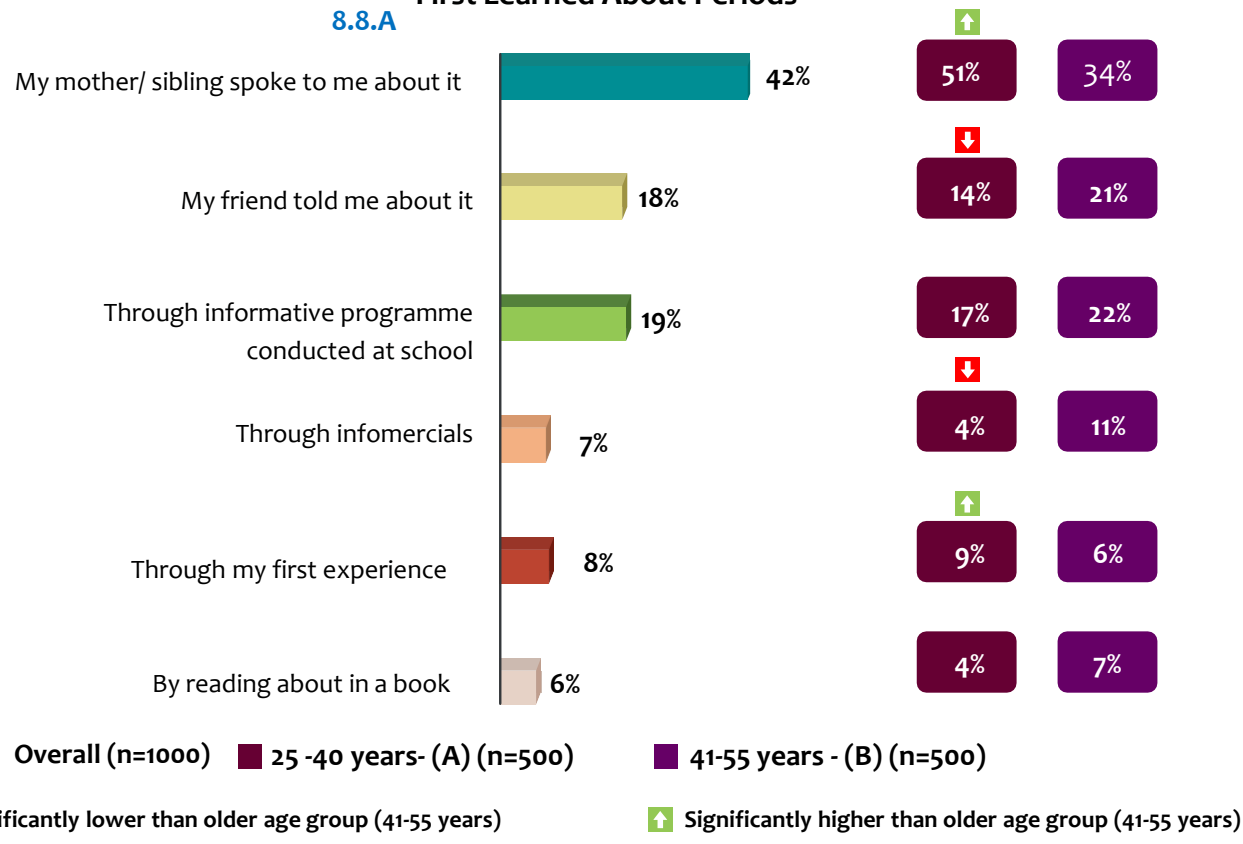
8.8 Opinion on Periods

Menstruation is a phenomenon unique to women. The topic has always been surrounded by taboos and myths In India, there are many such taboos associated with menstruation even today and even mere mention of the topic has been a taboo in the past and even to this date the cultural and social influences appear to be a hurdle for advancement of knowledge on the subject. Culturally in many parts of India, menstruation is still considered to be dirty and impure.These stereotypes can have impact on women's mental and emotional state, lifestyle and most importantly, overall health.

In our study, when women respondents (n=1000) were asked on how did they first learn about periods, it was observed that majority women (42%) first heard about periods from their mother/ sibling followed by 19% who reported to learn it from various informative programs which were conducted by their school.

First Learned About Periods

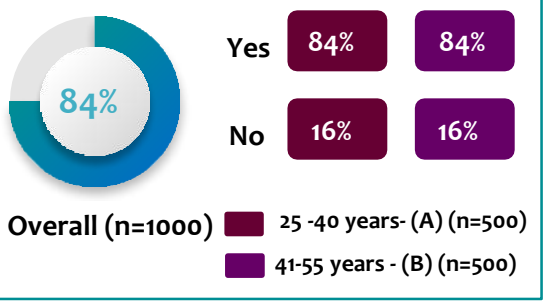
8.8.A



The following questions were asked to the respondents related to stereotypes and judgements associated with menstruation. Majority (84%) stated that they have faced or have observed other females facing stereotypes or judgements around periods in their life.

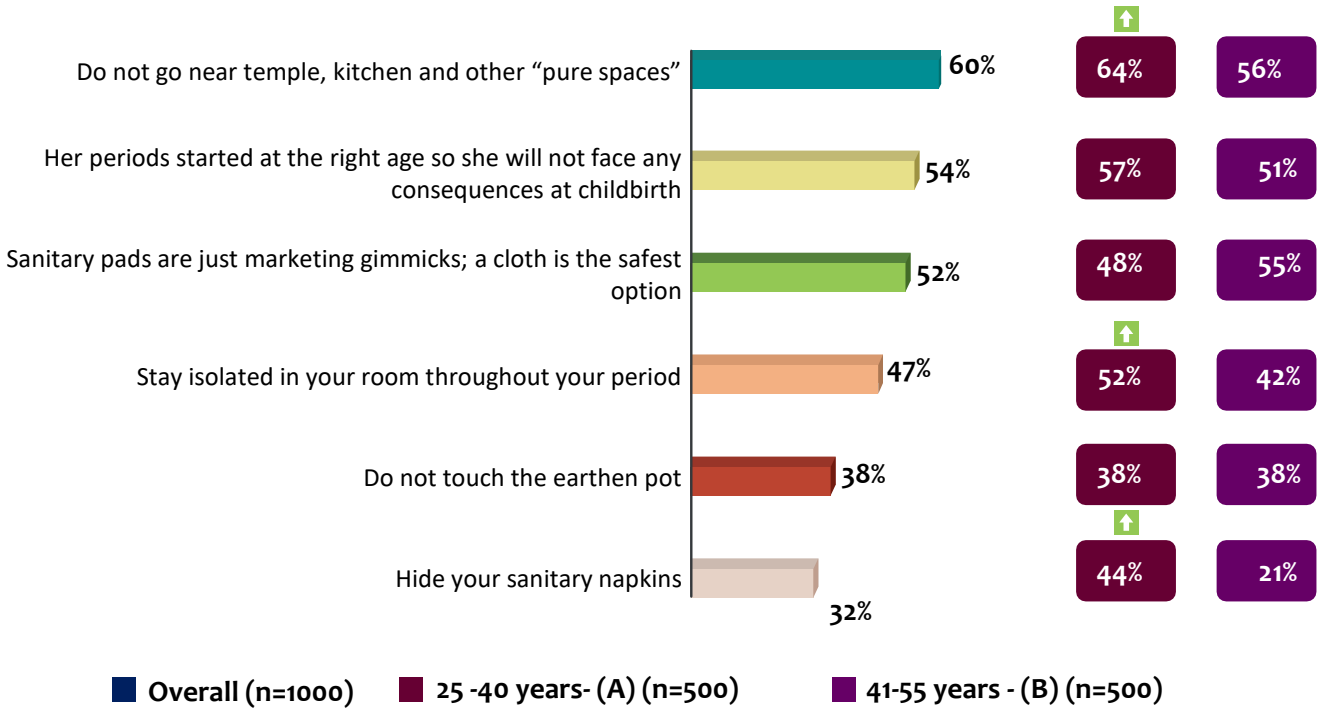
In past have you faced/ currently have you observed females facing stereotypes/ judgement around period?

Females facing stereotypes/judgement around period **8.8.B**



Kindly select all the stereotypes/ judgement around period you have observed/faced?

8.8.C Stereotypes/ Judgement



Not going near the temple, kitchen or other "pure places' is the most common stereotype followed by 'Her periods started at the right age so she will not face any consequences at childbirth'.

Stereotypes faced by women

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Yes	77%	89%	81%	92%	83%	82%	83%
No	23%	11%	19%	8%	17%	18%	17%

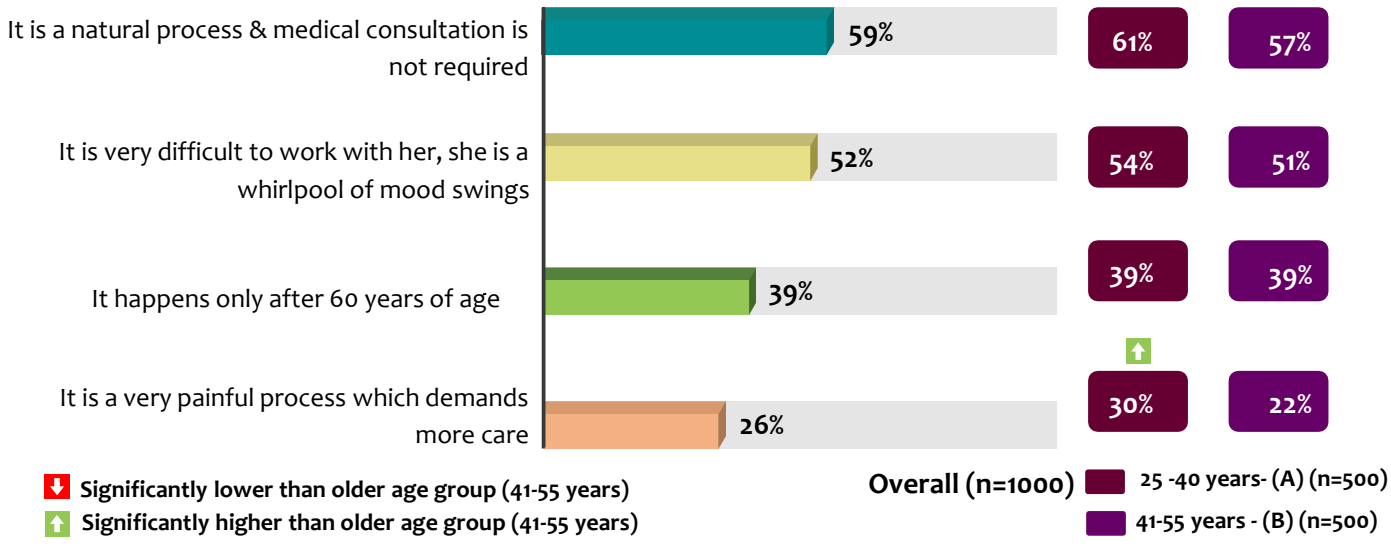
Higher percentage of women in Chennai (92%) followed by Delhi (89%) reported that they have either faced/observed other females facing stereotypes or judgements around periods in their life.

Types of Stereotypes faced by women 8.8.C

By Cities:	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Do not go near temple, kitchen and other "pure spaces"	67%	55%	63%	55%	57%	64%	60%
Her periods started at the right age so she will not face any consequences at childbirth	49%	59%	49%	60%	55%	50%	56%
Sanitary pads are just marketing gimmicks; a cloth is the safest option	46%	52%	59%	47%	53%	47%	56%
Stay isolated in your room throughout your period	43%	45%	51%	51%	51%	45%	45%
Do not touch the earthen pot	36%	33%	39%	37%	41%	42%	42%
Hide your sanitary napkins	39%	42%	22%	32%	26%	39%	24%

A similar trend about periods related stereotypes was reported across cities, i.e. not going near the temple, kitchen or other "pure places' followed by 'Her periods started at the right age so she will not face any consequences at childbirth'

8.8.D Opinion About Menopause



Menopause is a critical period in a woman's life that not only marks the end of reproductive ability but is also associated with multiple physical, vasomotor, psychological, and sexual complaints. Awareness of menopausal symptoms, hormonal changes, and their effects on the quality of life is extremely important for better management of symptoms and for decreasing comorbidities such as heart disease and osteoporosis associated with menopause. When women respondents (n=1000) were asked about the statements they have commonly heard related to menopause, nearly 60% women felt that menopause is a natural process & doesn't need medical consultation.

8.9 Opinion on PCOS

PCOS (Polycystic ovary syndrome) is one of the most common condition in women with 6%-26% of women suffering from it across the world. In US itself, around 5 million women suffer from it. In India, one in five women suffer from PCOS.

PCOS is a genetic, hormonal, metabolic and reproductive disorder that affects women and girls. The disease by itself causes a lot of damage to female's body but can also hamper other bodily functions.

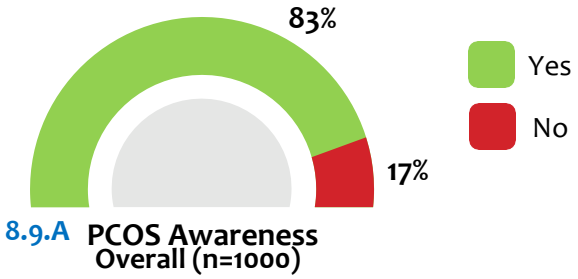
In our sample around 85% of the women are aware of PCOS, this number goes up to 89% for women of 25- 40 years of age. Around 74% of the women have proactively reached out to a gynaecologist to seek consultation on PCOS.

One very interesting and increasingly observed phenomenon that has been captured through this study is the society's outlook towards PCOS. Nearly half of the women opine that PCOS has gained a normalized status in the society, people have become more aware about PCOS but are still not cautious about the same. Majority attribute work stress and regularly ignored personal health by women as major cause of PCOS.

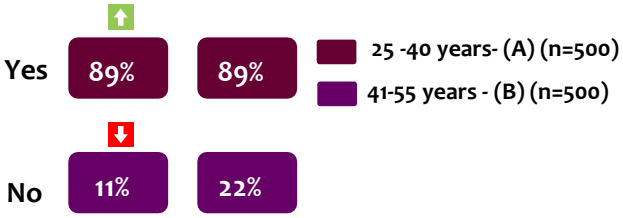
The study asked about the judgements against women having PCOS issues. Any issue related to reproductive organs invite a lot of judgements and opinions from across the society and women have to bear the brunt of these misconceptions all the time.

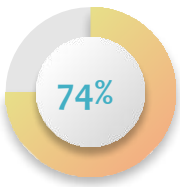
In our study, the respondents mentioned that women with PCOS are considered as 'problematic woman' (53%) and are considered 'an unfit woman' (51%).

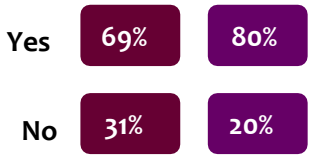
Only 8% of the women said that they have not faced or observed any judgment related to this.



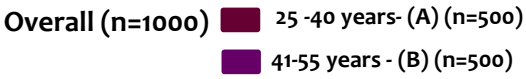
8.9.A PCOS Awareness Overall (n=1000)



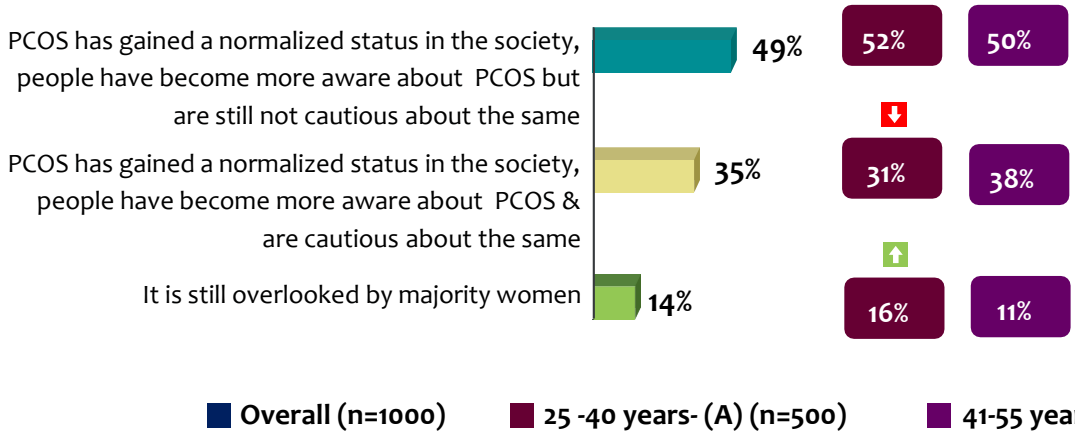




8.9.B Proactively reached out to a gynaecologist for PCOS consultation



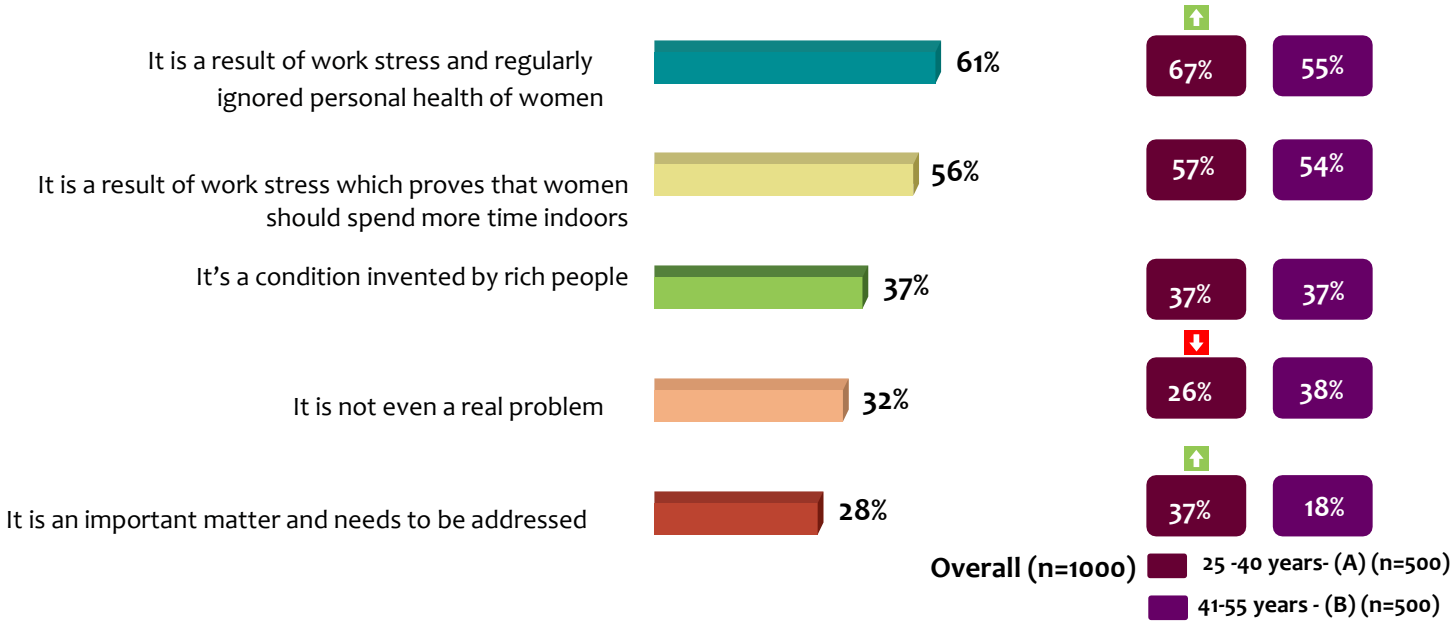
8.9.C Society's Outlook Towards PCOS



Overall (n=1000) 25 -40 years- (A) (n=500) 41-55 years - (B) (n=500)

For India - https://www.thehindu.com/sci-tech/health/one-in-five-indian-women-suffers-from-pcos/article29513588.ece
World - https://journals.lww.com/progprevmed/fulltext/2020/06000/cross_sectional_study_on_the_knowledge_and.1.aspx

8.9.D Society's Outlook Towards PCOS



8.9.E Judgements Around Women with PCOS

Overall (n=1000) 25 -40 years- (A) (n=500) 41-55 years - (B) (n=500)

7. https://indianexpress.com/article/lifestyle/health/endometriosis-awareness-month-all-you-need-to-know-about-the-painful-disor- der-7243000/

8.9.D Society's Outlook Towards PCOS

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*125*	*136*	*122*	*136*	*95*	*118*	*101*
It is a result of work stress and regularly ignored personal health of women	65%	53%	59%	68%	56%	67%	61%
It is a result of work stress which proves that women should spend more time indoors	55%	60%	52%	58%	51%	57%	54%
It's a condition invented by rich people	33%	44%	41%	36%	36%	22%	49%
It is not even a real problem	30%	32%	40%	29%	32%	26%	35%
It is an important matter and needs to be addressed	35%	27%	24%	26%	22%	40%	19%

8.9.E Judgements Around Women with PCOS

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*150*	*150*	*150*	*150*	*133*	*137*	*130*
Considered as a problematic woman	53%	49%	48%	67%	53%	45%	54%
Considered as an unfit woman	51%	43%	55%	62%	49%	47%	50%
Considered as an unmarriageable woman	37%	45%	39%	31%	44%	40%	38%
Considered as a woman lacking womanhood	35%	49%	28%	44%	29%	42%	32%
No I have never faced/ observed any judgement	14%	9%	9%	3%	8%	9%	4%

Across cities, majority working women reported that society perceives PCOS as a 'result of work stress and regularly ignored personal health' and hence 'women should spend more time indoors'.

Also, the common judgments/ stereotypes around PCOS reported by majority working women were 'considered a problematic women' or 'unfit women'.

8.10 Opinion on Endometriosis

According to Endometriosis Society of India, it estimates that 25 million Indian women suffer from this condition. In our sample, around 70% women are aware of the condition.

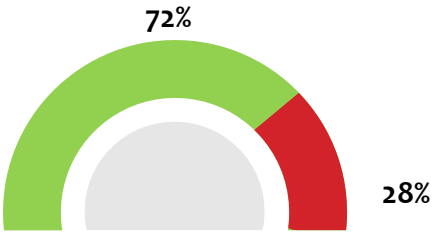
Women who are aware of the condition were asked some statements related to the condition and here is what they have responded –

Infertility related to endometriosis is conditional and does not happen to all women with this condition. Although it indeed is one of the concerns for women. Majority (~65%) opine that 'Endometriosis is a growing concern as it is one of the major causes for infertility in women'. At the same time, our respondents also understood that the condition is treatable; 70% of the women have answered that 'Endometriosis is treatable and can lead to a successful pregnancy if addressed at the right time'. This shows that most of the women who are aware about the condition also understand its repercussions and medical treatment. Close to 27% of the women mentioned having limited knowledge about the condition to comment on it.

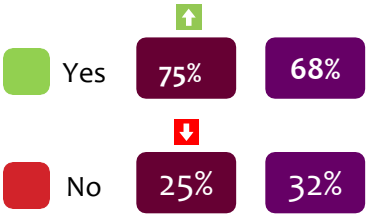
The most common source of information for most of medical conditions is internet with 30% of the women stating that they learnt about it through online research. Around 25% said that their parents or siblings told them about it.

There are many judgements and biases around this condition which women have to face and go-through. One of the findings that we have received from the survey is to understand what judgement women face the most.

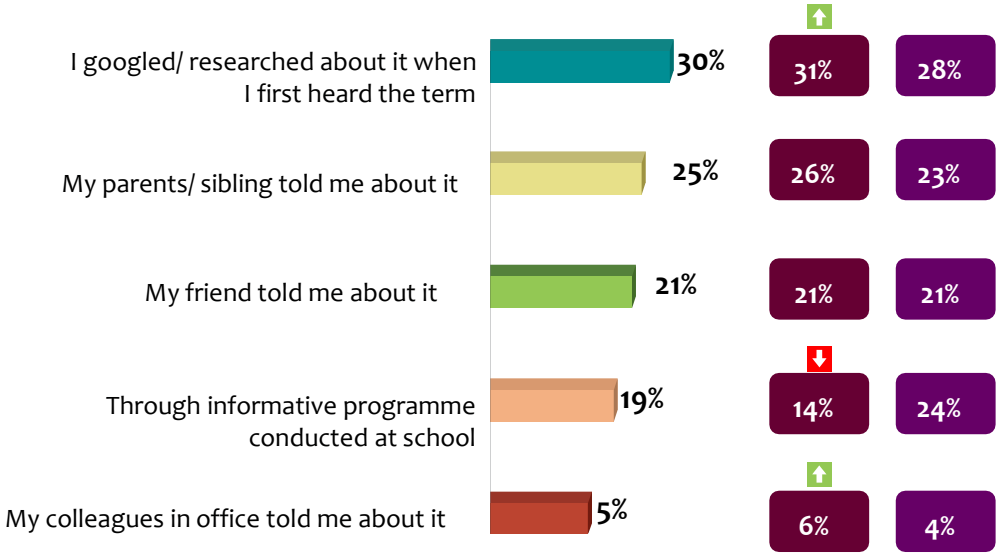
The most common ones are women with endometriosis are considered as 'not suitable for marriage' (66%) followed by 'will definitely suffer from chronic issues' (56%). (N=885). Such issues prevent women from achieving desired social roles and may lead to social and psychological problems. There is a clear lack of sensitivity amongst members of society towards women suffering from any reproductive organ related condition.



8.10.A Endometriosis awareness

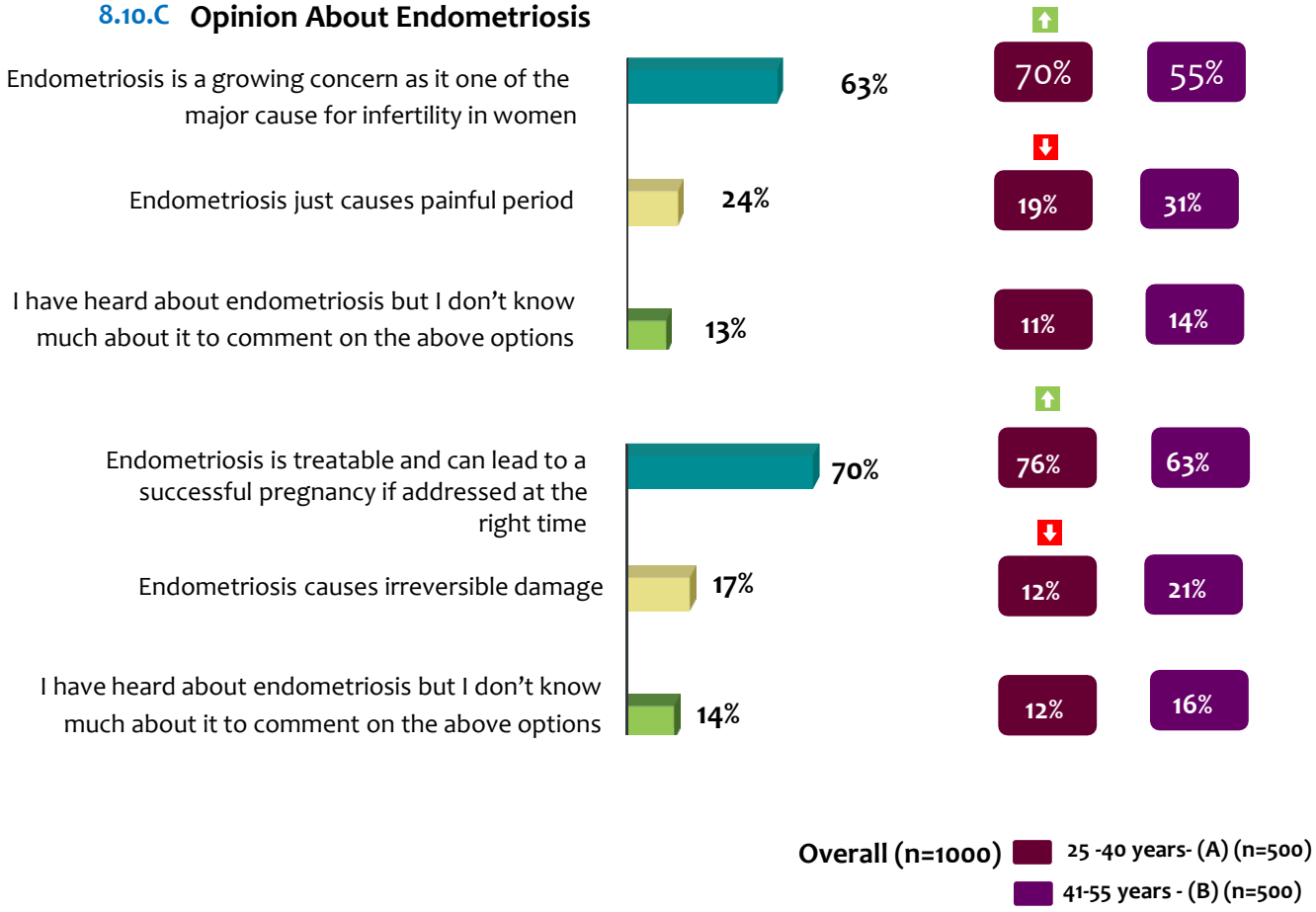


8.10.B First Learn About Endometriosis



https://indianexpress.com/article/lifestyle/health/endometriosis-awareness-month-all-you-need-to-know-about-the-painful-disorder-7243000/

8.10.C Opinion About Endometriosis



8.10.D Judgements Around Women With Endometriosis

Judgements Around Women With Endometriosis

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*137*	*144*	*131*	*139*	*103*	*123*	*108*
Not suitable for marriage	65%	66%	66%	68%	64%	67%	69%
Suffer from other chronic issues	49%	65%	50%	66%	49%	54%	53%
Always suffer from one or other issue	51%	46%	52%	56%	45%	41%	50%
Burden on their parents	27%	23%	18%	13%	17%	24%	11%

Even across cities, the top 3 judgements about endometriosis as reported by working women were 'not being suitable for marriage', 'suffering from other chronic issues' and ;always suffering from some issues'

8.11 Opinion on Cancer

Cancer is one of most dreaded disease as it is the cause of high number of deaths around the world, across genders and age groups.

In one of the study conducted by the Indian Council for Medical Research[8], close to 7.12 lakhs women are suffering from cancer in India in 2020 which is likely to reach 8.12 lakhs by 2025. The number of cancer patients have risen significantly in the last few years. In such scenario, having correct knowledge of the disease and supporting attitude from family and society plays an important role.

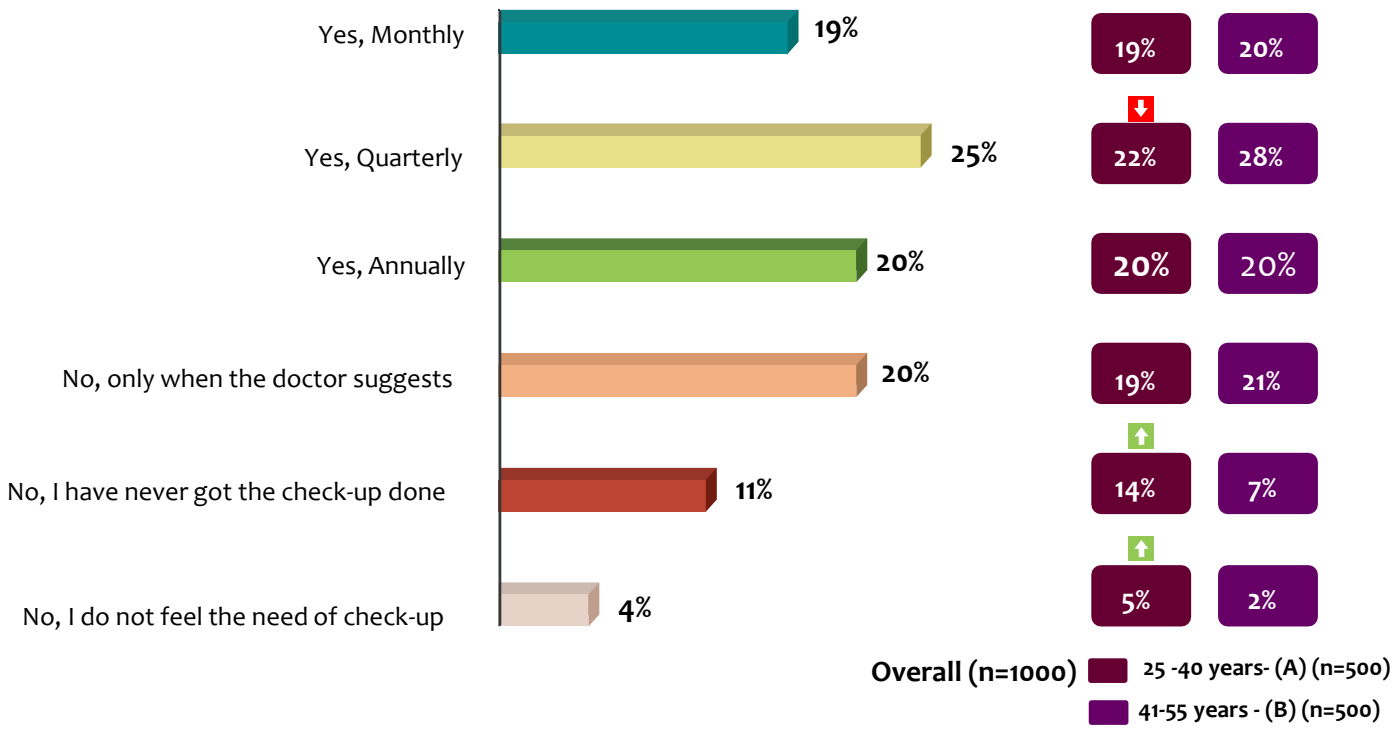
Hardly 44% of the women in our sample, get their breast/cervix or uterus examined for cancer quarterly or at more frequent interval. Around 11% of the women said they have never had any checkup done and 4% don't even feel the need to get the checkup done. The women in our sample are all educated and are working women and presumably financially independent. The situation is anticipated to be worse for non-working women in rural and semi-urban areas where health facilities and taboo around cancer is much higher.

This trend is the result of the taboo that is around this disease. The discomfort associated with the disease due to high level of fatality related to this disease has made it even more difficult to talk about

Overall, 67% of the women feel that it is a big taboo to utter the word "cancer" in the society. Only one-third of the women feel that society is open to discuss about these topics (breast, cervical or uterine cancer). Women in the age group of 41-55 years feel and fear this taboo is more prevalent compared to women of lower age group.

We also asked our respondents, what has been the barrier or hindrance in acknowledging this disease especially the more prevalent ones in women like breast, cervical or uterine cancer. The women reported lack of knowledge (65%) as the top factor, followed by myths and stereotypes associated with breast cancer (62%) and regressive mindset (44%). Societal Stigma (35%) and feeling of embarrassment (31%) have also been mentioned as barriers.

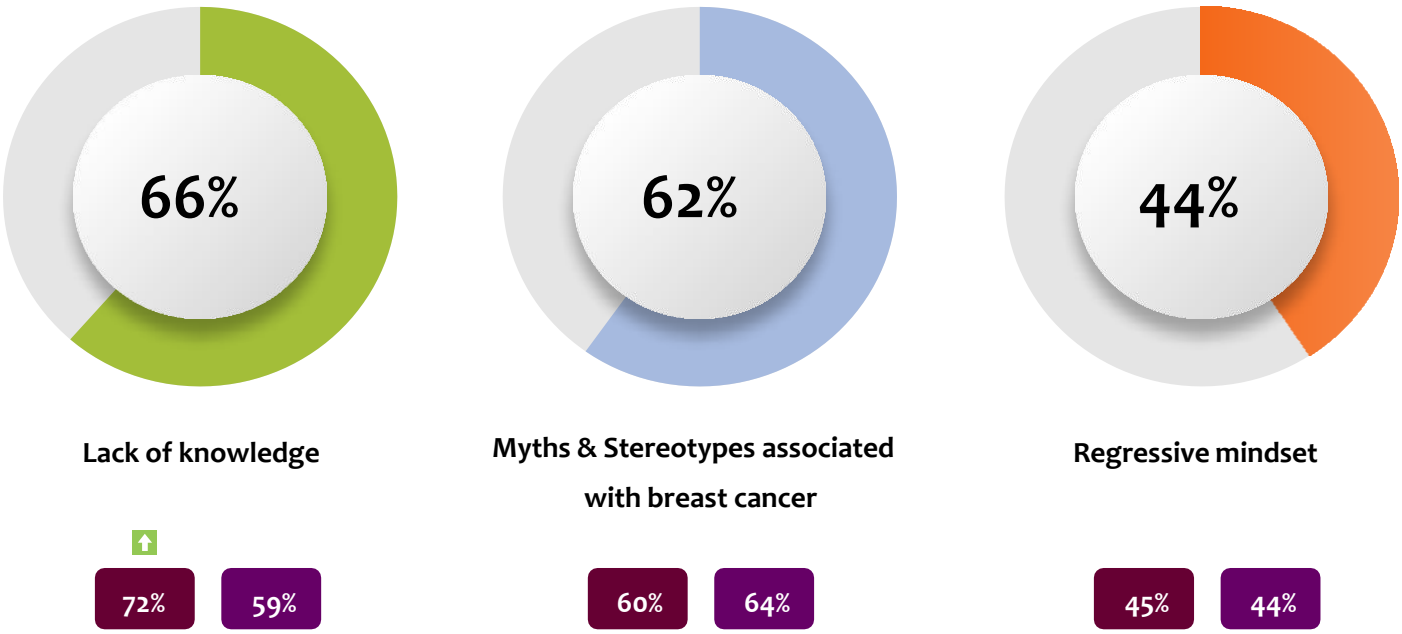
Examination for Breast Cancer/Cervical Cancer/Uterine Cancer Check-up 8.11.A



8. https://www.ndtv.com/india-news/cancer-cases-in-india-estimated-to-be-13-9-lakh-in-2020-may-rise-to-15-7-lakh-by-2025-report-2282151

9. *In vitro fertilization (IVF) is a series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child.*

Hindrance In Acknowledgement of Breast Cancer/Cervical Cancer/Uterine Cancer 8.11.B



Hindrance In Acknowledgement of Breast Cancer/Cervical Cancer/Uterine Cancer

By Cities	Mumbai	Delhi	Kolkata	Chennai	Hyderabad	Bangalore	Pune
Base :	*94*	*109*	*98*	*105*	*85*	*91*	*89*
Lack of knowledge	68%	67%	65%	67%	60%	63%	71%
Regressive mindset	48%	39%	49%	40%	52%	52%	34%
Myths & Stereotypes associated with breast cancer	55%	61%	54%	69%	58%	66%	73%
Societal stigma	32%	40%	34%	38%	34%	33%	36%
Feeling of Embarrassment associated with breast cancer	41%	40%	23%	28%	32%	35%	18%

Even across cities, the main hindrances in acknowledgment of women-related cancers as reported by majority working women were – 'Lack of knowledge' followed by 'myths and stereotypes associated with breast cancer. Comparatively higher percentage of working women in Pune mentioned about these hindrances.

8.12 Opinion on Infertility

Close to 95% of the women are aware of infertility as a condition. This is slightly lower in older women (91%) compared to women of younger age band (97%).

When women were asked about their opinion on infertility, most of the women provided lukewarm response about the opinion of society towards women who may have infertility issues. Infertility can be caused by multitude of reasons and can have other side effects on females' body as well.

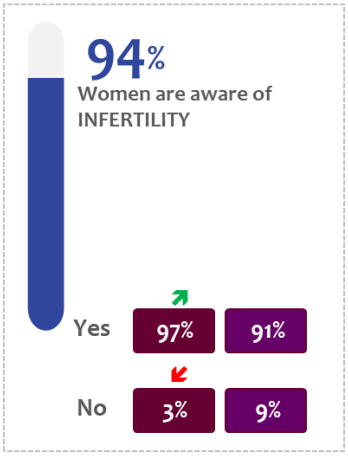
Only 62% of the women (N=941) think that society is slowly acknowledging the issue of infertility whereas, 38% of the women feel that society is very harsh towards women who go through such condition.

Women have shown relatively positive opinion about IVF. It is one of the most common methods available now-a-days to handle infertility.

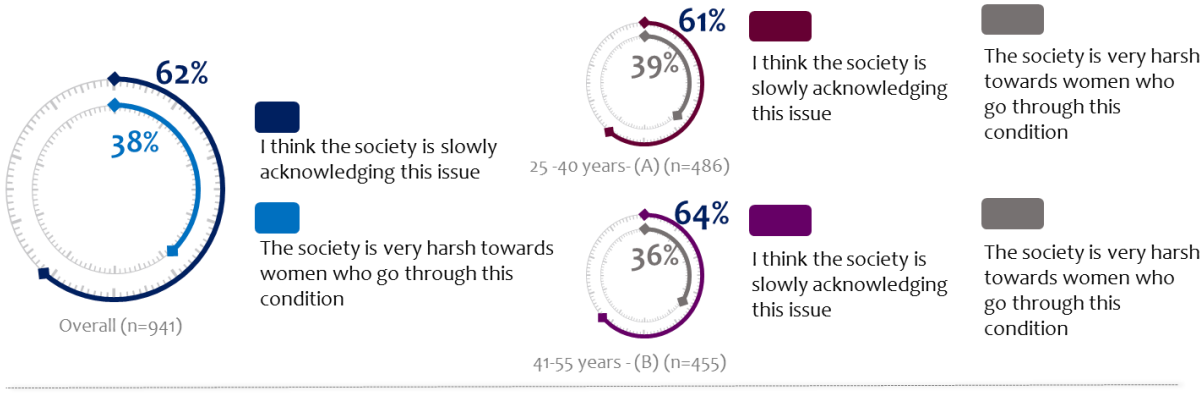
Our respondents opine that IVF is a good and positive solution to infertility. The percentage is higher in younger women compared to older ones (76% vs 68%). Overall, 20% of the women feel that it is an unnatural and extravagant process.

Overall 8 % women stated that they lack detailed information regarding IVF to share an opinion, 10% women are from the younger age group of 25-40 years and 6% are from the older age group of 41-55 years

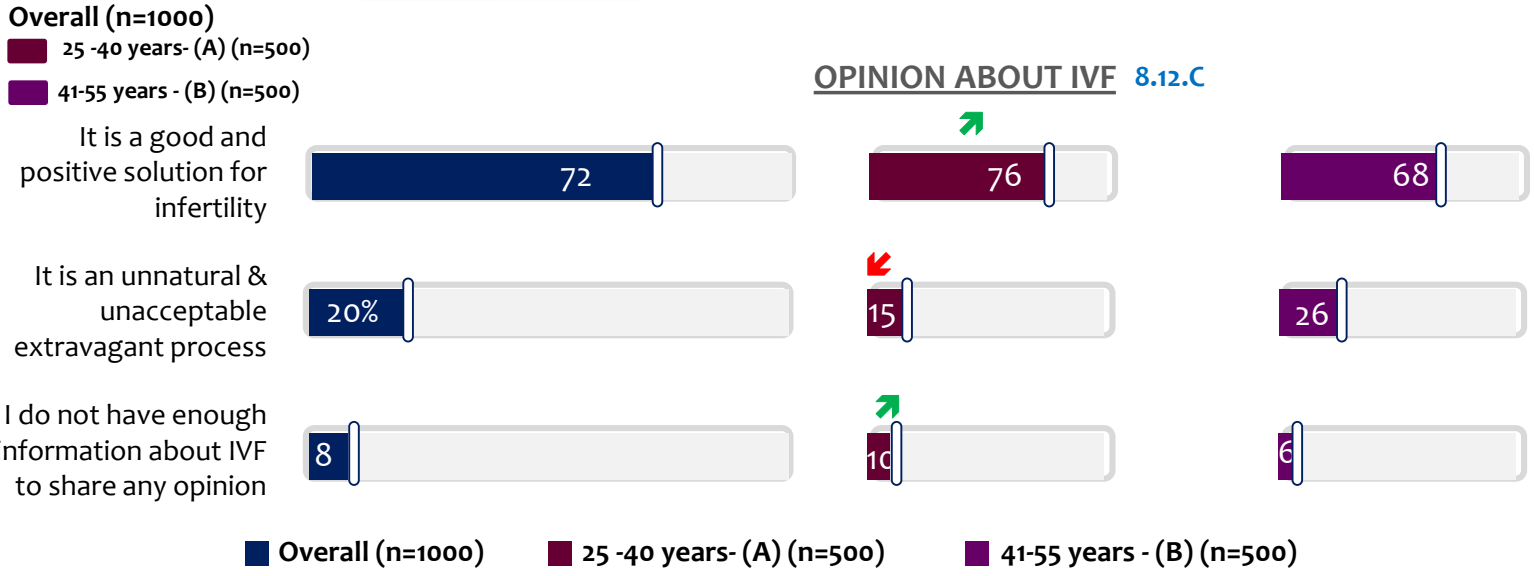
HEALTH CONDITION "INFERTILITY" 8.12.A



OPINION ABOUT INFERTILITY 8.12.B



OPINION ABOUT IVF 8.12.C



There is a clear lack of knowledge, discomfort in discussing about it and bias from society in all women health-related issues that we have discussed above.

9. Summary and Conclusion

The study has been conducted with white collared working women in the age group of 25-55 years to understand issues related to women's health. The study has not only captured the social stigma but also the current concerns experienced by women in corporate setting. One of the concerns that most of our respondents mentioned was related to balancing their health with work life. More than half of the women who were part of the survey had health related issues which they find difficult to manage with work. Even though personal health is priority still, most women find it difficult to find time for it. This is more severe in older age group[10] compared to younger age group

Apart from this, women also face societal pressures and taboos that are part of the societal structure and interdict women from behaving in a certain way. The expectation to prioritize family over work is one of the most common of such pressures. Women also face discrimination in getting married if they face any gynaecological issue. These pressures and taboos are comparatively higher for younger women compared to older ones in the sample.
Their work performance also gets impacted due to various reasons including stress from personal and professional pressures and health issues faced by family members.

Majority of women in our sample reported facing prejudices at workplace if they have any medical condition. A large number of women reported having a negative impact on growth or discrimination in salary or increments because of a medical condition. According to our research, there is also a lot of stigma attached to women's health and the way male colleagues talk about it. Most of the women felt that male colleagues are insensitive towards women health-related issues and have faced judgement and stereotyping from male colleagues. Although the mentality of large number of male colleagues may not be supportive, women feel that organizations are becoming increasingly sensitive towards women health-related issues and are taking steps to tackle them. Large number of women from the sample feel that equal opportunities should be given to women in all organizations. Women also feel that flexi working hours will help them manage things at personal and professional level more efficiently.

According to our research, majority of women know someone who face some health issues, or face health issues themselves, however there is still a lot of hesitation amongst women to talk about different health issues. The top three health issues that women are hesitant to talk about are infertility, breast cancer and PCOS. Women seem to be uncomfortable talking about the regular health issues which affect beings across genders. Issues such as hypertension and diabetes also came as hesitant health topics amongst women. There seems to be general hesitancy about their own health when it comes to women. Apart from this there are many other health issues that women face and hardly comes up in discussions. There is a need to make these issues easy and comfortable to talk about within our homes, society and office environment.

Almost all women face stereotyping when it comes to menstruation. There are stereotypes related to religious reasons, hygiene reasons and other dos and don'ts related to periods. Similar stereotypes and biases were captured around other health issues such as PCOS, Endometriosis, Cancer and infertility.

All the responses from these working women show how women struggle with the stereotype roles that women have to adhere to and face challenges at both personal and professional front. This not only hampers their growth in the professional set up but also create stress at personal level.

With conversations around women's health so stigmatized, they will not only miss out on starting the right treatment, but they might also get bad advice from less reputable, clandestine sources. Thus, raising awareness of women's sexual health issues will help overcome stigmas and reduce health inequalities.
The study shows that in a corporate setting social stigma experienced by women is very pervasive preventing the progress women deserve.

[10] *41-55 Years old*

[11] VOLUME 20, 100311, MARCH 01, 2020, The impact of gender discrimination on a Woman's Mental Health, Simone N. Vigod

There is a need for women, organizations and the society at large, to become proactive when it comes to managing their health and normalize conversations around critical aspect of women's health. For every being physical, mental and sexual health are inter-related. When the social structure makes it comfortable for women to think and talk about all such issues, there will be several benefits such as de-stigmatization of any shame women may have, improved social health, emotional health as well as overall quality of life, thus uplifting the society. Greater investment is required in women's health including more research to unlock new insights that could lead to new and innovative solutions for women.

Conformity To ISO Standard

This work was undertaken in accordance with the standards laid out in ISO 20252:2019, ensuring a consistent quality of work to the highest standards in the industry. Ipsos's processes are annually audited by external certified to external accredited quality assessors.

Ipsos has over 18,000 plus employees across 90 markets and 5000+ clients.

Ipsos is member of most key market research bodies and we abide by their quality standards.

ISO 20252:2019

[10] *41-55 years*

[11] *VOLUME 20, 100311, MARCH 01, 2020, The impact of gender discrimination on a Woman's Mental Health, Simone N. Vigod*

[12]. *Pakseresht S, Ingle GK, Garg S, Sarafraz N. Stage at diagnosis and delay in seeking medical care among women with breast cancer, Delhi, India. Iran Red Crescent Med J. 2014 Dec 30;16(12):e14490. doi: 10.5812/ ircmj.14490. PMID: 25763229; PMCID: PMC4341328.*