

**A Study of Women Medical Representative in
Pharmaceutical Companies**
(With special reference to their working conditions in
Pune City)

A Thesis Submitted to
Tilak Maharashtra Vidyapeeth

For the Degree of
Masters in Philosophy (M. Phil.)
Under the faculty of Social Sciences
Department of Economics

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December 2014

DECLARATION

I hereby affirm that the research entitled “**A Study of Women Medical Representative in Pharmaceutical Companies (With special reference to their working conditions in Pune City)**” is an original work carried out by me in the Department of Economics, Tilak Maharashtra Vidyapeeth Pune. It does not contain any work for which a degree or diploma has been awarded by any other university.

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Place: Pune

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CERTIFICATE

This is to certify that the dissertation entitled, “**A Study of Women Medical Representative in Pharmaceutical Companies (With special reference to their working conditions in Pune City)**” which is being submitted herewith for the degree of M. Phil. Economics under the faculty of Moral & Social Sciences of Tilak Maharashtra Vidyapeeth, Pune, is the result of original work completed by Mrs. Surekha Mule under my supervision & guidance.

To the best of my knowledge the work incorporated in this dissertation has not formed the basis for the award of any degree in this or any other University.

Place:

Date:

Research Guide

Dr. Jyoti Patil

Acknowledgement

This Research study would not have been possible without the help and guidance I obtained from various individuals and institutions. I am indeed grateful to the authorities of the Department of Economics, Tilak Maharashtra Vidyapeeth, Pune for giving me the opportunity to undertake this research project.

I express my sincere gratitude to my research guide, Dr. Jyoti Patil, Faculty, Economics Department, Tilak Maharashtra Vidyapeeth, for her constant encouragement and valuable suggestions. During the entire research period, she guided me in manifold ways to ensure that the research project was kept focused. It her timely advice that helped me to bring qualitative improvements in the whole project and the successful completion of it is. Words are inadequate and insufficient to express my indebtedness to her.

I would gratefully acknowledge the valuable suggestions and guidance of Dr. Praveen Jadhav, Head, Department of Economics, Tilak Maharashtra Vidyapeeth. regarding the content and presentation of the project.

I express my sincere gratitude to respected Hon. Dr. Umesh Keskar, Registrar Tilak Maharashtra Vidyapeeth, Pune.

I would like to thank Mrs. Divija Yerande, Assistant Professor and Mrs Parul Rawal, Assistant Professor, Department of Management, Tilak Maharashtra Vidyapeeth, Pune for giving me valuable insights and for the constant encouragement and co-operation extended to me. I am deeply obliged for their expertise in language editing and design of the text

I am also indebted to Mrs. Pournima Wate, Head, Ph. D. Section. I thank also all the colleagues, teaching, non-teaching and library staff of Tilak Maharashtra Vidyapeeth. I am also indebted to librarians at Gokhale Institute, Pune University, for giving me necessary permission and co-operation.

I would also like to thank the women Medical Representative selected for this study for their good response to the questionnaire.

For the whole-hearted support of my sister, Mrs. Suneeta Lawate, constant encouragement of my brother Mr. Sudhir Khandekar and kindness of my mother and father, who stood as ONE for me throughout the entire research and study period, I owe a debt of gratitude which cannot be pressed merely by saying **Thank you**.

I would also like to put on record the sincere support of my husband Mr. Sanjay Mule which was a true encouragement in the successful execution of the project.

Finally there are many persons whose names may not be mentioned here, but who have helped me in various ways in the preparation of this work. I would like to extend my sincere gratitude to them.

I would like to say thanks to all the Almighty God, who had sustained me and given me strength to carry on this work with blessing.

Date

Place

Mule Surekha Sanjay

Contents

Sr. No.	Particulars	Page Nos.
1.	Declaration	II
2.	Certificate	III
3.	Acknowledgement	IV-V
4.	Contents	VI- X
5.	Table Index	XI- XIII
6.	Figure Index	XIV- XV
Chapter-I	Introduction	1 – 12
1.1	Subject of the Study	1
1.2	Purpose of this Research	1
1.3	Pharmaceutical Market in India	2
1.4	Nature of Pharmaceutical Business	4
1.5	Essentiality of Sales Management for Customer Conversion	4
1.6	Marketing Process	6
1.7	Personal Contact of Detailing	8
1.8	Summary of Working Women and Pharmaceutical Industry	9
Chapter II	Research Methodology & Theoretical background	13 – 27
2.1	Introduction	13
2.2	Research Design	13
2.3	Research Problem	14
2.4	Objective	15
2.5	Limitations	15
2.6	Significance of the Study	16
2.7	Hypothesis	16
2.8	Research Method	17

	2.8.1. Area of Research	17
	2.8.2 Period of Research	17
2.9	Sampling Design and Sampling Technique	17
	2.9.1 Sampling Process	18
2.10	Data Collection	20
	2.10.1 Sources of Data	20
	2.10.1.1 Primary Data	20
	2.10.1.2 Secondary Data	20
2.11	Data Collection Technique/ Method	21
2.12	Analysis Technique	21
2.13	Chapter Scheme	22
2.14	Theories	23
	2.14.1 Maslow's Hierarchy of needs	23
	2.14.2 Herzberg's two factor theory	25
Chapter III	Profile of Pune City	28 – 42
3.1	Introduction	28
3.2	Pune District	28
	3.2.1 Name	28
	3.2.2 Geographical Location	29
	3.2.3 Population Density	30
	3.2.3.1 Rural and Urban Population	30
	3.2.4 Sex Ratio	30
	3.2.5 Literacy	30
	3.2.6 Industries	30
	3.2.7 Transport in Pune District	31
	3.2.7.1 Road Network	31
	3.2.7.2 National Highways	31

	3.2.7.3 Rail Network	32
	3.2.7.4 Air Route	32
	3.2.8. Water Resources	32
	3.2.9 Education	33
	3.2.10 Income of Pune District	33
3.3	Pune City	33
	3.3.1 History	33
	3.3.1.1 Early and Medieval Period	33
	3.3.1.2 Maratha and Peshwa Rule	34
	3.3.1.3 The British Raj	34
	3.3.2 Climate	35
	3.3.3 Administration	35
	3.3.4 Population	35
	3.3.5 Density of Population and Number of Households	37
	3.3.6 Literacy	37
	3.3.7 Occupational Structure	37
	3.3.8 Per Capita Income	37
	3.3.9 Growth in Area	38
	3.3.10 Land Use	38
	3.3.11 Industrial Growth	38
	3.3.12 Trade and Commerce	40
	3.3.13 Pune Culture	40
	3.3.14 Food	40
	3.3.15 Festival	41
	3.4 Conclusion	41
Chapter IV	Review of Literature	43 – 55
4.1	Introduction	43

4.2	Ph. D. studies relating to the Pharmaceutical Industry	43
4.3	M. Phil and Ph.D. studies relating to Working Women	47
4.4	Other Report relating to Working Women	53
Chapter V	Review of Working Women	56 - 70
5.1	Introduction	56
5.2	Historical Background	57
5.3	Women in Pharmaceutical Field	59
5.4	Work Life Balance, Work Life Conflict and Women Employee	61
Chapter VI	Conceptual Coverage of Pharmaceutical Industry	71- 95
6.1	Concept of Pharmaceutical Industry	71
6.2	Origin and History	72
6.3	Marketing in Pharmaceutical Industry	73
6.4	Pharmaceutical Industry in India	74
6.5	Marketing of Pharmaceutical Products in India	75
	6.5.1 Importance of Marketing	77
	6.5.2 Drug Distribution and Management	78
6.6	Medical Representative	80
	6.6.1 Job Description	80
	6.6.2 Job Opportunities	80
	6.6.3 Typical Work Activities	82
	6.6.4 Collective Bargaining in Pharmaceutical Industry	84
6.7	Profile of a Medical Representative	86
	6.7.1 Budgets (Sales Targets)	89
Chapter VII	Data Analysis and Interpretation	96-145
7.1	Introduction	96
7.2	Personal Information	96
7.3	Work Related Information	114

7.4	Co-relation between Personal and Work Related Information of Women MR	136
Chapter VII	Data Analysis and Interpretation	96-145
7.1	Introduction	96
7.2	Personal Information	96
7.3	Work Related Information	114
7.4	Co-relation between Personal and Work Related Information of Women MR	136
Chapter VIII	Finding and Conclusion	146- 170
8.1	Conclusions Regarding Personal Information	146
8.2	Conclusions Regarding Work Related Information	153
8.3	Hypothesis Testing	162
8.4	Theories Testing	165
8.5	Conclusions	166
8.6	Limitations and Future Scope	167
8.7	Recommendation	167
8.8	Final Conclusions	169
	Bibliography	171- 177
<i>Appendices</i>		178- 190
A	Questionnaire	178 – 186
B	Map	187-190

TABLE INDEX

Table No.	Headings	Page No.
1.1	Percentage growth in household expenditure on various items (1996-2006)	3
2.1	Sampling Process	20
3.1	Growth of Population of Pune City	36
3.2	Growth in the Number of Manufacturing Units and their Turnover in Pune District	39
5.1	Work participation Rate in India (1971 to 2001)	62
7.2.1	Age of Respondent	96
7.2.2	Educational Qualification of Respondent	97
7.2.3	Family Type	98
7.2.4	Family Member's Qualification	99
7.2.5	Salary Slab	100
7.2.6	Family Income	101
7.2.7	Marital Status	101
7.2.8	No. of children	102
7.2.9	Family Time	103
7.2.10	Home Management	104
7.2.11	Domestic Help	104
7.2.12	Children Responsibility	105
7.2.13	Participation in Economic Activities	106
7.2.14	Working Women's effect on family	108
7.2.15	Earning and Expenditure	109
7.2.16	Household Budget	110
7.2.17	Help of Joint Family for Working Women	111
7.2.18	Opinion about "Women Career"	112
7.3.1	Driving Per Day	114

7.3.2	Individual Sales	115
7.3.3	Meeting Sessions	116
7.3.4	Leaves Status	117
7.3.5	Work Experience	118
7.3.6	Industry Retention Decision	119
7.3.7	Cause behind this Job	120
7.3.8	Changes in MR after joining the field	121
7.3.9	Increased Confidence Level	121
7.3.10	Outcome of increased Confidence	122
7.3.11	Reaction to Rude Clients	124
7.3.12	Effect of Job on Positive attitude	125
7.3.13	Life Style of Women Medical Representative	126
7.3.14	Advantages of this job	127
7.3.15	Disadvantages of this Job	128
7.3.16	Back Pain	129
7.3.17	Sales Pressure	130
7.3.18	Attitude to Male Colleagues	131
7.3.19	Other Problems	132
7.3.20	Solution of the Problem	132,133
7.3.21	Company Initiative	133,134
7.3.22	Family	134
7.3.23	Colleagues	135
7.3.24	Opinion about this job	135
7.4.1	Relation of growing Age and Physical Problem	136
7.4.2	Relation between work experience and No. of Hours at Home	136
7.4.3	Work Life Balance	138
7.4.4	Domestic Work	138

7.4.5	Household Budget	139
7.4.6	Relation between Experience and Increased confidence in managing finances	140
7.4.7	Overcoming Problems	140
7.4.8	Effect of Salary Rise on Lifestyle	141
7.4.9	Development of Skills	142
7.4.10	Effect of Ageing and Job Continuity	143
7.4.11	Relation between Salary and Individual sales	144

FIGURE INDEX

Graph No.	Title of Figure	Page No.
1.1	Impact On The Healthcare Sector	3
1.2	Supply Chain Of Indian Pharmaceutical Market	7
2.1	Maslow's Hierarchy Of Needs	24
2.2	Herzberg's Two Factor Theory	26
6.1	Products Wise Sales Projections- 2008-09	89
6.2	Monthwise Sales Projections 2008-09	90
6.3	Master Call List	91
6.4	Chemists List	92
6.5	Sales Review And My Work Review	93
7.2.1	Age Of Respondents	97
7.2.2	Educational Qualification Of Respondent	98
7.2.3	Family Type	99
7.2.4	Marital Status	102
7.2.5	Family Time	103
7.2.6	Domestic Help	105
7.2.7	Children Responsibility	106
7.2.8	Participation In Economic Activities	107
7.2.9	Working Women's Effect On Family	108
7.2.10	Earning And Expenditure	110
7.2.11	Household Budget	111
7.2.12	Help Of Joint Family For Working Women	112
7.2.13	Opinion About "Women Career"	113

7.3.1	Driving Per Day	115
7.3.2	Individual Sales	116
7.3.3	Leaves Status	117
7.3.4	Work Experience	118
7.3.5	Industry Retention Decision	119
7.3.6	Cause Behind This Job	120
7.3.7	Increased Confidence Level	122
7.3.8	Outcome Of Increased Confidence	123
7.3.9	Reaction To Rude Clients	124
7.3.10	Effect Of Job On Positive Attitude	125
7.3.11	Life Style Of Women Medical Representative	126
7.3.12	Back Pain	129
7.3.13	Sales Pressure	130
7.3.14	Attitude To Male Colleagues	131
7.4.1	Relation Between Work Experience And No. Of Hours At Home	137
7.4.2	Effect Of Salary Rise On Lifestyle	141
7.4.3	Development Of Skills	142
7.4.4	Effect Of Ageing On Job Continuity	143

CHAPTER I

INTRODUCTION

1.1 Subject of the Study

This is the study of Women Medical Representatives in Pharmaceutical Company with special reference to their working conditions in Pune City.

1.2 Purpose of this Research

The purpose of this research was to identify the pharmaceutical field as a different area which women employees might use to achieve better balance in their lives. The thesis on Women MR makes a valuable contribution to research in this area.

Globalization, new technologies and business restructuring are challenging the long established patterns of paid work while imposing new burdens on families, individuals and households.

The changing economic conditions and social demands have changed the nature of work throughout the world.

The pharmaceutical industry is part of a complete chain of institutions that play a role in the evolution of fundamental biological findings into utilizable new therapeutic agents. The pharmaceutical industry occupies a unique position. Pharmaceutical companies have been able to maintain their profit growth and largely to maintain their profit ratios primarily through their expansion in foreign markets (**Helms (1975): 140, 142**).

Pharmaceutical profit levels are high but are volatile, unpredictable and are on average declining. Their absolute levels can be justified economically on the grounds of this unpredictability. The Pharmaceutical industry has been seen to have a diffused market structure but contrary to theoretical expectations, price competition is rare (**Reekie (1965): 35, 129**).

One of the major manpower problems facing the nation today is that of making more and

better use of women in their middle and later years in private and public employment **(National Manpower Council (1958): 57)**.

Researcher came across the study named “**SOUTH ASIAN RESEARCH and DEVELOPMENT INITIATIVE [SARDI]**”, **NEW DELHI**. This study stated some findings such as:

Heavy work (32%), followed by outside work (29%) Work done by Men is more than Women because women are not as mobile as the men. It also reflects the public and private divide that exist in the society, that gives rise to the thinking that outside jobs are best left to men, while women, work ‘inside’ (www.expresspharmaonline.com).

Pharmaceutical Marketing is counted in executive profession. As continuous driving is required for this job so it is considered as man dominant field but woman wants to make her space in this field.

Researcher found several women working in this field i.e. “Pharmaceutical Marketing” which involves heavy work condition and mobility. The researcher therefore decided to make a study of these women to find out why they are working in this field and the problems well as benefits of this work.

1.3 Pharmaceutical Market in India

The pharmaceutical industry in India is among the highly organized sectors. This industry plays an important role in promoting and sustaining development in the field of global medicine. Due to the presence of low cost manufacturing facilities, educated and skilled manpower and cheap labor force among others, the industry is set to scale new heights in the fields of production, development, manufacturing and research. Pharmaceutical manufacturing involves manufacturing of equipments and drugs in healthcare. Any drug development in pharmaceutical industry is an intensive and costly process. In the field of pharmaceuticals, any drug producing company has a commercial license to research, develop, market and distribute drugs which are mostly concerned about healthcare. **(Sharma, (2013):2)**

The Indian pharmaceutical market has achieved a tremendous growth and has showed further potential in terms of infrastructure, development and technology. This growth has been the result of a steady growth in health care expenditure in India.

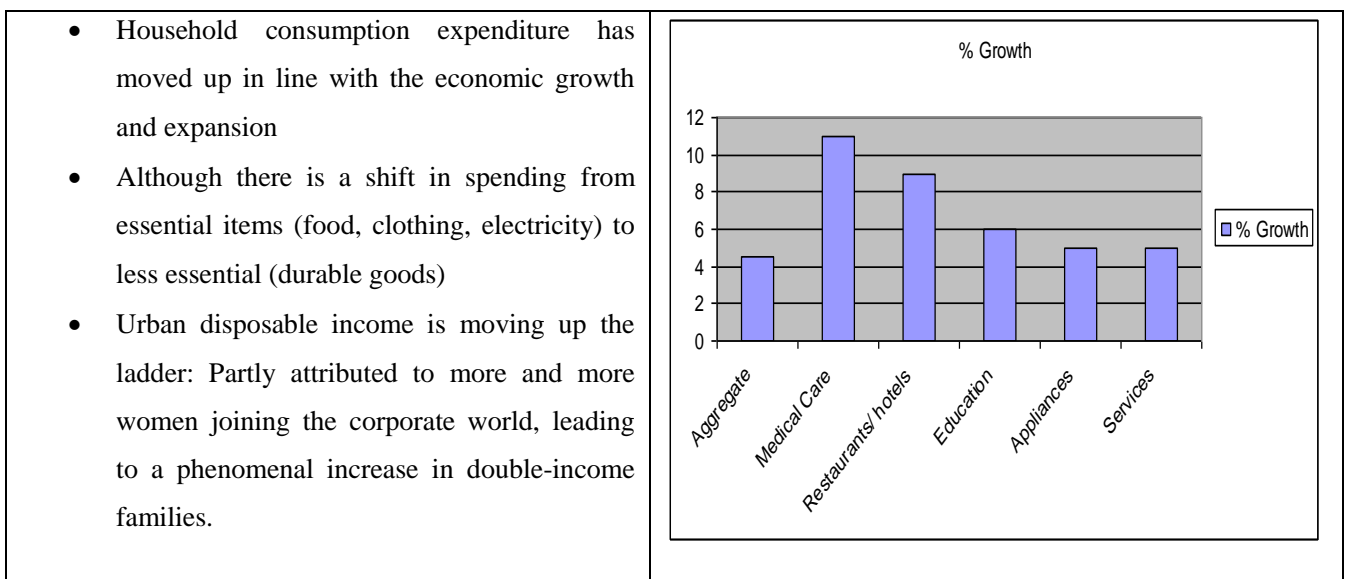
Table 1.1: Percentage growth in household expenditure on various items (1996-2006)

Type of expenditure	Aggregate	Medical Care	Restaurants/ hotels	Education	Appliances	Services
% Growth	4.5	11	9	6	5	5

Source: Narayana [NCEAR](1984)

Figure 1.1: Impact on the Healthcare Sector

Impact on the Healthcare sector evident with households spending 11% more on medical care compared to 1996



Source: National Council for Applied Economic Research (NCAER)

With the increase in medical institutions in India, the pharmaceutical marketing has ample scope for marketing its products. Specially, in the changing economic environment and with introduction of new science and technology, pharmaceutical marketing is becoming more critical. The new medical professionals will look for a more scientific approach; accordingly, the pharmaceutical business has to play a significant role in this area.

1.4 Nature of Pharmaceutical Business

The drug industry, the medical profession (doctor) and the patient (consumer) have a unique relationship. The industry makes a product which it cannot sell to the patient directly. On the other hand, the medical profession cannot treat the patient without drugs produced by the industry. Thus the industry and medical profession are interdependent with a common aim. The primary objective of this joint effort is to relieve pain and suffering. It must make reasonable profits to help in the research of newer drugs. **(Ravindran, (1999): 1)**

Role of advertisement in Pharmaceutical marketing is controlled, as compared to other industries. Drug advertisements which include product information are circulated through medical representatives to health professionals through visual aids, journals, leave behind literatures and the mail. The market of the pharmaceutical products largely depends on how the pharmaceutical sales personnel can function or work.

Marketing is an exciting dimension of human activity; all organizations are involved in marketing. The core of marketing is increasing the consumption of marketed products and services.

Pharmaceutical marketers offer samples, gifts, services to doctors to influence them for their products prescriptions.

Marketing is the value delivery process of organization. The objective of marketers is to increase the customer base, ensure customer retention.

Pharmaceutical marketers go in different geographical areas and target doctor segment. The idea of all marketers is to develop a huge market base for the product or service, and build prescription habits. **(Helms (1975): 231)**

1.5 Essentiality of Sales Management for Customer Conversion

For pharmaceutical companies customer conversion is the key focus. Right from the highest authority in pharmaceutical marketing, to the MR, all activities are directed towards higher customer conversions. Market research data are analyzed to know market characteristics,

prescribing habits and practice density of the doctor, market receptivity, and pharmaceutical purchase patterns and so on. This is done to ultimately convert the doctor. A doctor may find price advantage to patient to be of value; or a doctor may value a service input from a pharmaceutical company such as a sponsorship to a Continuous Medical Education (CME) program or a medical grant for conducting a free medical camp, and thereby a doctor will reward the company with prescriptions.

Value may also be in the form of regular visits and friendliness from a medical representative. Here the relationship is valuable to the doctor. Value can come from material things for the personal use of a doctor or for his clinical use. Ultimately there is an exchange process here, value from the company is transferred to the doctor, and the doctor rewards the company with prescriptions.

The ultimate pharmaceutical marketer sells hope to the doctor: a hope that the marketed products will satisfy the patient and will indirectly improve his or her practice, a hope that an association with the pharmaceutical company will empower the doctor and he can improve his status, personal life, quality of clinical services to his patients, personal material comforts and so on.

In pharmaceutical marketing, value delivery is the major competition. Better the value - more the customer delight.

It is the prescription generation for the pharmaceutical products which decides the value and volumes of pharmaceutical market.

Doctors are conscious about quality, price and availability. Quality of medicines is most important for doctors, as it not only helps curing the disease but also helps in building their reputation. Doctors on the basis of company image and consistent results with a product, judge the quality of products. So company image is also on high priority in their mind while prescribing medicines along with regular visit of Medical Representative.

Availability of products especially newly launched drugs is questionable in doctor's minds so physicians before prescribing a new drug either wait for sometime or check at nearby chemist counters.

A regular visit by a smart, dedicated, well groomed medical representative having soft skills is the best tool of promotion for a pharmaceutical company. Presenting good quality literature, journals and sponsorship for conferences or personal tours are preferable promotional tools in comparison to organization of free camps, personal small value gifts, samples.

Marketing is vital for the nation's health and wealth. Without competition and marketing, market penetration of products and services will suffer. Healthy marketing competition is a must to ensure efficiency and effectiveness.

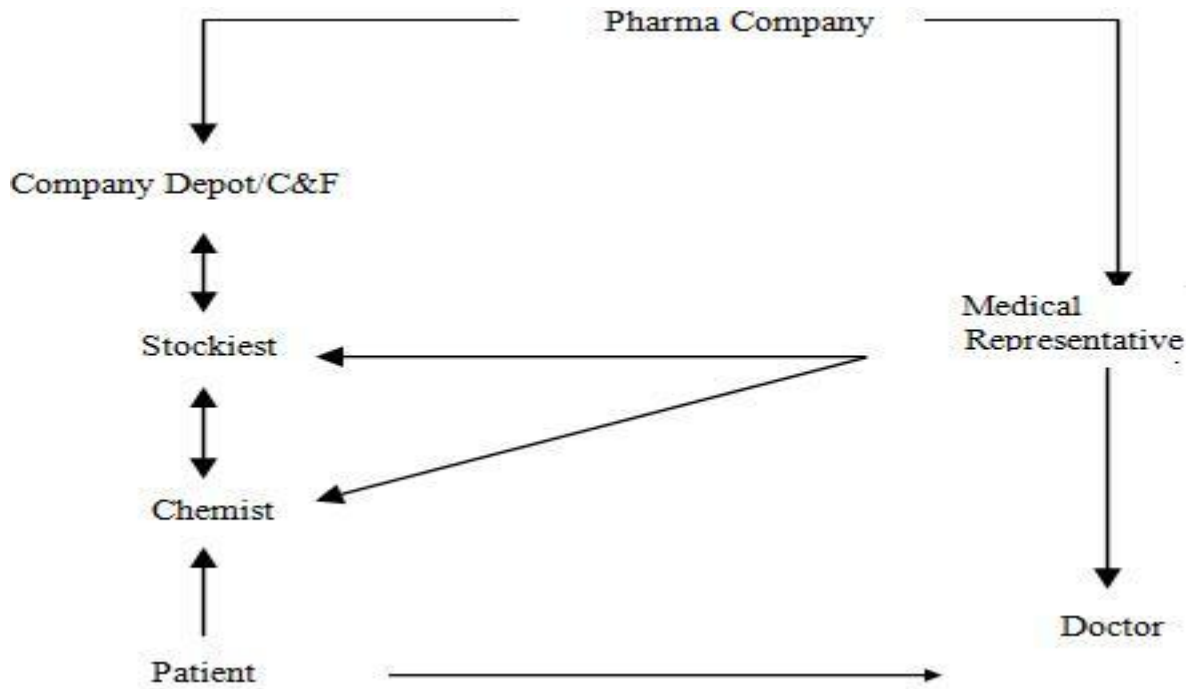
The main promotional thrust of the pharmaceutical industry is through its medical representatives. Medical Representatives profoundly affect the way a doctor prescribes. Their bottom line of detailing is "Please prescribe my drug". They are invariably polite and reasonably knowledgeable. Before meeting a doctor they study the doctor's prescribing habits on the basis of information gathered from nearby chemists and a preview of patients' prescriptions. They also get to know something about the doctor's likes and hobbies, family life and social interests and generally cultivate them. **(Reekie (1965): 187)**

1.6 Marketing Process

Pharmaceutical marketing is a specialized field where medical representatives form the backbone of entire marketing effort. Pharmaceutical companies also appoint medical representatives and assign them defined territories. Medical representatives meet doctors, chemists and stockiest as per company norms. Medical representatives try to influence prescription pattern of doctors in favour of their brands. **(Sahad,(2005):1, Rajan, (2006):4).**

The pharmaceutical distribution channel is indirect with usually three channel members i.e. depot/CandF, stockiest and chemist. Pharmaceutical companies appoints one company depot or CandF agent usually in each state and authorized stockiest in each district across the country. Company depot/CandF sends stocks to authorize stockiest as per the requirement. Retail chemists buy medicines on daily or weekly basis from authorized stockiest as per demand. Patients visit chemists for buying medicines either prescribed by a doctor or advertised in the media.

Figure 1.2 Supply Chain of Indian Pharmaceutical Market



(Talgeri, (2002):3), ICRA, (2004):6).

The pharmaceutical distribution channel is indirect with usually three channel members i.e. depot / C and F, stockiest and chemist. Pharmaceutical companies appoint one company depot or C and F agent usually in each state and authorized stockiest(s) in each district across the country. Company depot/ C and F sends stocks to authorized stockiest as per the requirement. Retail chemists buy medicines on daily or weekly basis from authorized stockiest as per demand. Patients visit chemists for buying medicines either prescribed by a doctor or advertised in the media. Here patient is end customer and doctor is direct customer for any pharmaceutical company. But for doctor, patient is more important so he wants an effective supply chain management from prescribed company. And for pharmaceutical companies their customer that is doctor is more important which is why they emphasize more on supply chain management. Ultimately end consumer is benefited out of this. For marketing of pharmaceutical products, companies require more and more skilled field force to develop good rapport with their direct customers (doctors). Moreover field force should have good product knowledge and USP (Unique Selling Points) of their products over other so as to convince doctors and PULL the demand for their products i.e. from Doctor to

Retailer to Stockiest to C and FA (Clearing and Forwarding Agents) to company. **(Dogra 2006): 2, Kotler (2004):5)**

Pharmaceutical marketing is to be done with a lot of restrictions, as it is a scientific marketing and should be implemented as per the guidelines of FDA (Food and Drugs Administration authority) and DCGI (Drug Controller of Government of India), the products should not be misrepresented to the consumer, which may seriously harm them.

The distinction between the responsibilities of the advertising department and sales promotion department can best be described by their different methods of communicating the selling message. The advertising department primarily employs written or visual messages, while the sales promotion department primarily relies upon the use of sales personnel in personal, primarily oral presentations. **(Smith (1958))**

The advertisement of pharmaceutical products should be truthful. There should not be any wrong statement regarding its contents and their percentage. It should provide full details regarding the action and uses, proprietary name as well as the generic name, dosage form, mode of administration, side effects, treatment of toxic effects, precautions and contraindications. W.H.O (World Health Organization) has passed this resolution regarding advertising of the pharmaceutical products. **(Shah (2010):232)**

1.7 Personal Contact or Detailing

It is a process of sales promotion by personally meeting doctors by the medical representatives. The pharmaceutical companies engage persons (medical representatives, sales representatives and field managers) for making personal contacts with customers and influence them to prescribe in favor of their products. Almost all the pharmaceutical companies prefer Personal contact for the following:

- It provides an opportunity to inform the doctors about new products of the company/new trials, studies conducted for the existing brands during their personal visit.
- It also helps to refresh the memory (brand reminders) of doctors regarding the old/existing brands of the company.

- Doctors may have doubts regarding a particular product of the company which can be clarified/ sorted out during medical representative's call.
- It provides the company with an opportunity to demonstrate and explain its products.

Many pharmaceutical firms offer gift items to the physicians and retailers for their ethical products. These table top items may be diaries, ball pen, penholders, desk trays, key chains, paperweights, calendars, etc. These table top articles are meant for the daily use and therefore they continuously remind use of the products. Generally the brand names/company name along with its composition and product positioning statement is printed or inscribed on these items. **(Zambad (2009):154)**

1.8 Summary of Working Women and Pharmaceutical Industry

It is almost universally accepted that the woman's primary role is that of a home- maker and it is for the man to provide subsistence to his family. Under certain conditions, in addition to the role of a house-keeper, women also participate sometimes in the gainful activity of the community. Thus we find that some women work and some do not. The question why does a man work? Is not a signification one because he is regarded as the natural bread- winner, therefore he is expected to provide subsistence to his family. But the question- Why does a woman work? Assumes special significance when the whole range of her activities centers around household chores and she only works, if at all, as secondary bread winner in the family

Due to technological advance, production and distribution is much more economical if it is done in the factories than in individuals home. Thus the wife's role has been minimized and she can be more useful to society by taking up outside employment. As the cost of living has increased a woman can contribute to family income by working outside.

The importance of women's role in society during the past few decades has completely changed its complexion. It is no longer a question of what women are capable of doing physically and mentally. The most important finding is that for women both employment and family are equally important.

The rapid increase of middle class women seeking employment can be seen at the Employment exchanges.

When women take up jobs outside the house it has tremendous implications for social change.

In urban society the income of middle class families is not sufficient to fulfill the needs of the entire family.

The major professions are teaching, lecturing, clerical work, medical work, technical assistant and Professional like Engineering and Law where in the women are mostly in small percentage.

Women's place in the economic world thus remains confused. Some women want the old ways, others welcome the new, but most are in between (**Baker (1964): 440**).

Though both men and women work, there are significant gender differences in the nature and conditions of work and wages. Both in the formal and informal sectors, women face less favourable conditions, have less access to education, training and thereby have lower skills. Therefore, first, conditions for men and women must be both equitable and meet minimum standards. Second, since the government policy is to encourage greater employment opportunities for women, working conditions and labour policy needs to accommodate the gender specific needs of women workers. So the first step in this direction would be to surface from the perspective of women themselves, their needs and issues in the work-place.

The employers are prejudiced against employing women, especially in jobs where workers have always been men (**Ministry of Labour (1998-99):52**).

The employers also feel that the women are likely to leave after marriage and if they do not leave, then the employers have to give them paid maternity leave and other benefits. There is also a perception among employers that women worker's responsibilities at home make them more prone to absenteeism. More often than not, it is the wife who has to either skip going to work or go late whenever there is some problem in the family that requires attending to (such as sickness of a child, mother in law, etc.). There is also a popular notion among many

employers who feel that the men have a greater responsibility in supporting the family than the women and therefore have a greater right to the job (Sarma: 1990).

Conclusion: In this chapter Researcher described the background of the subject in short such as the research area and about the pharmaceutical Industry. In next chapter Researcher will study Research Methodology and theoretical background about the study.

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CHAPTER II

RESEARCH METHODOLOGY AND THEORETICAL BACKGROUND

2.1 Introduction

Research design is the plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance. The research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data.

Before taking up any research it is essential to have a clarity of the purpose and objectives. The objectives address the purpose of the investigation. It is here that the Researcher lays out exactly what is being planned by the proposed research. In a descriptive study, the objectives can be stated as the research question. The research question can be further broken down into investigative questions. **(Beri, (2008): 61)**

The role of research has greatly increased in the field of business and economy as a whole. The study of research methods provides the knowledge and skills needed to solve the problem and meet the challenges of today's pace of development. The usefulness and contribution of research in assisting management decisions is so crucial that it has given rise to the opening of a new field altogether called 'research methodology'. Research in common context refers to a search for knowledge. It can also be defined as a scientific and systematic search for gaining information and knowledge on a specific topic or phenomena. **(Bhattacharyya (2006): 20)**

2.2 Research Design:

Undertaken research is of Descriptive type. It is a mixed research consisting of mixture of Quantitative as well as Qualitative data.

Steps followed for undertaken research

Identification of Research Problem
Review of available Literature
Formulation of the Objectives and Hypothesis
Concepts and their Measurements
Selection of Research Design
Selection of Tool of Data Collection
Selection of Sample
Collection of Data
Processing and Analysis of Data
Presentation of Research Report

Problem Formulation:

One of the most difficult phases of a research project is the choice of a suitable problem.

Problem Definition:

The main objective of this research is to provide insights into the experiences of women Maharashtra, India.

This thesis aspires to present, explore and understand women’s work life experiences in their organizational contexts. The empirical parts present the domain women are engaged in.

2.3 Research Problem:

1. Pharmaceutical marketing is tough and requires physical and mental stability and stamina. So there is a perception that woman cannot survive in this job. Although when some women were found still working in this field the Researcher was tempted to find the reason.
2. Women Medical Representatives face more problems in tough working environment compared to male colleagues, because of their physical conditions.
3. Family and work balance is difficult for women in this field.
4. Continuous driving is harmful and hectic for women.

5. On their part, ladies too, preferred to tread only on the tested paths and hardly dared to experiment with newer career options.
6. Balancing her biological role as a mother and the demands of a selling career can be very tough.

Hence it was decided to study about the female Medical Representative.

2.3 Objectives:

1. To find the economic benefits received by women Medical Representatives.
2. To take the review of working conditions of women Medical Representatives in Pharmaceutical field in Pune.
3. The major objective of this study is to inquire into how a woman Medical Representative develops personally and financially with this job.
4. To study the problems faced by women Medical Representatives.
5. To suggest measures to solve their problems.

2.5 Limitations:

1. Respondents are not easily available because of their travelling job. It is difficult to find them for interview. The head offices of Pharmaceutical companies are mostly based outside of Pune such as Mumbai, Ahmedabad. Very few companies are Pune based. Though the base is not in Pune, a few companies have their office in Pune, but most of them do not have local offices in Pune. Because of this it is difficult to find respondents for interview.
2. Researcher could find the respondent at doctor's place because it is their major working place but because of restriction of Hospital and clinic, researcher was not able to contact Respondents there. Finding respondents proved the most difficult task, because there are no census records showing the number of Women MR residing in city. A rough estimate of Women MR was arrived at by referring to Stockiest Records and list of Subordinates from Managers of Pharmaceutical companies.
3. With the huge field force from various companies, it is difficult to collect the numerical data from the companies.
4. Because of the company policy of confidentiality it was difficult to collect the company data.

5. The undertaken research is related to female Medical Representatives employed in Pharmaceutical Company only. It excludes the females who are employees in other sectors. It excludes the male M.R. population. The study is with reference to female employees in Pune City only. There is future scope for doing a research on wider basis viz. for whole state of Maharashtra or India or on international basis.

2.6 Significance of the Study:

1. Career opportunity

This field is giving excellent career opportunity. Not only pharmaceutical and science graduates but also other graduates can build their success with this job.

2. Economic Development of Individuals with this job

With this job individuals can earn handsome money. If they achieve their targets then they get extra incentives, which definitely develop their economic condition.

3. Never ending Scope

Nowadays with the hectic lifestyle and adverse effects of pollution, Medicine is basic requirement in the life. To cure the pain or any type of disease person needs medicine, so pharmaceutical field has never ending scope.

4. To know about the working conditions

This study of the working conditions of women MRs shows how these women work in the field under unfavourable conditions and yet manage to find a balance between their personal and work lives. These findings could benefit women employees in other fields as well.

2.7 Hypothesis:

- 1 Pharmaceutical marketing is giving economic benefit to women Medical Representatives.
- 2 Working conditions of women Medical Representatives are tough physically and mentally.
- 3 Women Medical Representatives develop personally and financially with this job and improve as decision makers in their personal life.
- 4 Women Medical Representatives face physical problems like back pain.
- 5 Family and work balance is difficult for women in this field.

2.8 Research Method:

2.8.1 Area of research

The present survey is conducted in the Pune city. There is considerable increase in the number of women receiving education and gaining employment in various offices in the city. Pune city is considered as one of the most important education centres in India. Pune city is more advanced than many cities in India.

As Researcher is a resident of Pune from several years, Researcher has very useful contacts with some women Medical Representative. All these favorable factors made possible the collection of sufficient and satisfactory data in Pune City.

2.8.2 Period of research

Data was collected during 2010-12. Hence this is a one-time study and does not aim to study women MRs over a period of time.

2.9 Sampling Design and Sampling Technique:

Sampling is a procedure for the selection of few items from the given populations. Proper planning reduces the risk of conducting a study that will not produce useful results and determines the most sensitive design for the resources available. A representative sample mirrors the characteristics of the population and minimizes the errors associated with sampling.

A sample is a portion of people drawn from a larger population. The study of sample becomes necessary because study of a very large population would require a long period of time, a large number of respondents, a large amount of money and doubtful accuracy of data collected by numerous investigators. The planning of observation/ study with a sample is more manageable.

Advantages of sampling:

1. It is not possible to study large number of people scattered in wide geographical area. Sampling will reduce their number.
2. It saves time and money
3. It saves destruction of units.
4. It increase accuracy of data
5. It achieves greater response rate.

6. It achieves greater cooperation from respondents.
7. The researcher can keep a low profile

Snowball Sampling:

Snowball sampling is generally considered a non probability sampling technique. In this technique, the researcher begins the research with the few respondents who are known and available to her. Subsequently, these respondents give other names who meet the criteria of research, who in turn give more new names. This process is continued until 'adequate' / number of persons are interviewed or until no more respondents are discovered.

This method is employed when the target population is unknown or when it is difficult to approach the respondents in any other way. **(Ahuja, (2001): 181)**

Snowball sampling, whether probabilistic or nonprobabilistic, is conducted in stages. In the first stage a few persons having the requisite characteristics are identified and interviewed. These persons are used as informants to identify others who qualify for inclusion in the sample. The second stage involves interviewing these persons, who in turn lead to still more persons who can be interviewed in the third stage, and so on. The term "snowball" stems from the analogy of a snowball, which begins small but becomes bigger and bigger as it rolls down-hill.

Advantage:

Reduced sample sizes and costs. **(Bailey (1978): 99, 100)**

2.9.1 Sampling Process

As per ORG data for 2008-09 there were 320 pharmaceutical companies operating in Pune. Previously this field was male dominant. Some companies still do not prefer women employees such as Blue-cross, FDC (Except Mumbai).

These companies recruit only male candidates. Companies like CIPLA, SHREYA and many other give more preference to women MR. Cipla has seven females out of ten and in one division male to female ratio is 5:5.

Lifeon division from USV was having complete team of only females. Now division called Pharma has the male to female ratio 10:7. (USV Ltd Circulation Literature- “Reach Out” 2010)

The target sample was women MRs working within Pune city. The researcher tried to get a list of women MRs from pharmaceutical companies but could not get the same because companies think that if they disclose the list of the candidates other companies may attract the candidate. For the retention purpose company never disclose the same. Since a complete list of respondent was not available a random sample was not possible and hence the technique of snowball sampling was used, as described below.

Through a few women Medical Representatives known to Researcher, researcher came to know that they visit regularly the stockiest/ wholesalers located in the Sadashiv Peth area of Pune.

The researcher visited this area three times within a week and was able to contact 13 women Medical Representative. These formed the first stage of the sample and they were handed the questionnaire to answer. Along with this they were requested to give the names and contact numbers/ addresses of other women MRs known to them. A total of 41 names were collected from them out of which 6 names were common. Hence 35 respondents contributed the second stage of the sample. The researcher contacted these MRs at their respective areas of work and handed over the questionnaires. These 35 respondents further provided 78 names of other MRs. Out of these names 29 were common and only 49 new names could be identified, who formed the third stage of the sample. Then these 49 respondents gave 93 names out of which 67 were common and only 26 new names were found, who formed fourth stage of the sample. Since very few new names were received at this stage and most of the names were being repeated, it was decided to stop finding new respondents at this stage. Secondly, the filled questionnaires that were being received were giving similar responses and hence it was decided to limit the data collection to the total of 110 respondents who had been contacted at the four stages.

Table No. 2.1 Sampling Process

Stage	No. of respondents identified	No. of common names/ not reachable	No. of respondents actually contacted
I	0	0	13
II	41	6	35
III	78	29	49
IV	93	67	26
Total			110

2.10 Data Collection:

The data for the undertaken research is collected through both the sources viz. primary as well as secondary.

2.10.1 Sources of Data

2.10.1.1 Primary Data:

Primary data are those which are collected afresh and for the first time; thus, these data are considered to be original. The source of primary data for this study was women MRs working in Pune city. The different methods used for collecting the primary data are observation, questionnaires, interviews using mechanical devices, etc. Researcher had used structured questionnaire to collect primary data.

2.10.1.2 Secondary Data

Secondary data consist of published and unpublished works of researchers whose accumulation and analysis of data have already been successfully subjected to the process of statistical scrutiny.

Secondary Data Collection from Literature, M. Phil. and Ph.D. thesis, Newspapers, Reports and through following sources: Books on Indian Economy, Human Resource Management, Organizational Behavior, Women at workplace, Women empowerment, Women entrepreneurship, Work Life Balance, Gender Disparity, Research Methodology and many more.

Besides the book a lot many Periodical, Manuals, Newspapers have been referred by the researcher. Many Databases paid as well as open source are used by researcher. Many Internet Sources specially for reviewing research work related to researcher's topic on international perspective have been used.

2.11 Data Collection Technique/ Method

Questionnaire:

With a view to obtain data from the field, well designed questionnaire for the Women Medical Representatives had been prepared and are administered (See Appendix A). The responses received have been tabulated and analyzed. Questionnaire has been divided into two parts

1. Personal: In this part respondents were asked personal details like name, age, qualification, experience, salary, family background etc. Total 17 questions were asked in this part.

2. Work related: In second part respondents were asked their working style, structure, situation, area, problems, earnings, benefits and limitations. Their personal growth with their financial development and their problems has been discussed in this questionnaire. Total 34 questions were used in this part. This part includes questions on Personal and Financial development of these women after taking up the job as a Medical Representative.

Different types of questions were asked such as

a. Open Ended

Where respondents were free to give their own responses in their own words.

b. Close Ended

In this various types of questions were used including:

i. Multiple choice question

ii. Agree-disagree scales

2.12 Analysis Techniques

The data collected has to be processed and analyzed. This is essential for a scientific study and for ensuring that all relevant data for making contemplated comparison and analysis are obtained. Processing follows editing, coding, classification and tabulation of collected data so that they are easy to analyse.

Editing: After the raw primary and secondary data are collected, observations tabulated and

interviews conducted, the entire relevant material is edited systematically to get the full information.

Tabulation: Tabulation is done to present the data in a logical manner. Tabulation helps in applying statistical tools to the data collected. It also facilitates comparison of data.

Researcher analyzed various parameters individually and also found some correlation among few parameters. So in depth cross parameter study is also done as part of data analysis.

The primary data collected from the respondents was tabulated to make it suitable for further statistical analysis. Percentages were extensively used while integrating and analyzing the collected data.

2.13 Chapter Scheme

The chapter scheme is as follows:

Chapter I: Introduction

This chapter includes subject and purpose of this study, pharmaceutical market in India, nature of pharmaceutical business, essentiality of sales management for customer conversion, marketing process, summary of working women and pharmaceutical industry.

Chapter II: Research Methodology & Theoretical background

Research design is the conceptual structure within which research is conducted. It constitutes the blueprint for collection, measurement and analysis of data. This chapter provides the objective, limitations, significance, methodology, sources of data and research design of the study.

Chapter III: Pune City

Socio-economic and industrial profile of Pune district includes details of name, history, location and size, climate, talukas of Pune, demographics, population of the district, sex ratio, literacy, industries, road, water resources, religion, education.

Chapter IV: Review of Literature

This chapter deals with review of literature. The review process has the purpose to obtain background information on women and pharmaceutical industry. Researcher has given the Literature Review from various books and M. Phil, Ph.D. thesis. Hence, an attempt has been made to give a brief review of their research work.

Chapter V: Review of Working Women

In this chapter Researcher taken review on working women from secondary data. This chapter includes historical background, women in pharmaceutical field and work life balance for working women in this field.

Chapter VI: Conceptual Coverage of Pharmaceutical Industry

In this chapter Researcher discovered the new era about the Pharmaceutical Industry which explained concept of pharmaceutical industry, origin and history, marketing in pharmaceutical industry and pharmaceutical industry in India and importance and process of marketing. The profile of medical representatives is also discussed in detail.

Chapter VII: Data Analysis and Interpretation

In this chapter Researcher analyzed collected data filled by the women employee of the pharmaceutical company. The relevant variables were studied with the help of tables and graphs.

Chapter VIII: Findings & Conclusion

In this chapter Researcher gave the interpretation found after analysing the different variables and comparative theories are also discussed. Researcher has given final conclusions.

2.14 Theories:

2.14.1 Maslow's Hierarchy of needs

The need hierarchy model of motivation propounded by Abraham Harold Maslow is undoubtedly the simplest and most widely discussed theory of motivation.

The essence of the theory may be summarized thus:

- a) People are wanting beings whose needs can influence their behaviour. Only unsatisfied needs can influence behaviour, satisfied need do not act as motivators.
- b) Since needs are many, they are arranged in an order of importance, or hierarchy (hence the nomenclature need-hierarchy theory of motivation), from the basic to the complex.
- c) The person advances to the next level of hierarchy, of from the basic to the complex, only when the lower level need is at least minimally satisfied.
- d) Further up the hierarchy the person is able to go, the more individuality, humanness and psychological health he will display.

Figure 2.1



Maslow's need hierarchy divides human needs into five levels as shown in the fig 2.1

Physiological Needs: The most basic, powerful and obvious of all human needs is the need for physical survival. Included in this group are the needs for food, drink, oxygen, sleep, sex, protection from extreme temperature and sensory stimulation. These physiological drives are directly concerned with the biological maintenance of the organism.

Safety Needs: Once physiological needs are met, another set of motives, called safety or security needs, become motivators. Maslow suggested that the safety needs are most readily observed in infants and young children because of their relative helplessness and dependence on adults. The preference for secured income, the acquisition of insurance and owning one's own house may be regarded as motivated in part by safety seeking.

Social Needs: These constitute the third level in the hierarchy of needs. These needs arise when physiological and safety needs are satisfied. An individual motivated on this level longs for affectionate relationship with others, namely, for a place in his or her family and or reference groups. Group membership becomes a dominance goal for the individual. Accordingly, the person will feel keenly the pangs of loneliness, social ostracism, friendliness and rejection, especially when induced by the absence of friends, relatives, a spouse or children.

Self Esteem Needs: Next in Maslow's hierarchy are esteem or egoistic needs. Maslow classified these needs into two subsidiary sets: self-respect and esteem from others. The former includes such things as desire for competence, confidence, personal strength, adequacy, achievement, independence and freedom. An individual needs to know that he is worthwhile and capable of mastering tasks and challenges in life. Esteem from others includes prestige, recognition, acceptance, attention, status, reputation and appreciation. In

this case individuals need to be appreciated for what they can do, i.e., they must experience feelings of worth because their competence is recognized and valued by others.

Satisfaction of the self-esteem needs generates feelings and attitudes of self-confidence, worth, strength, capability and of being useful and necessary in the world.

Self Actualization Needs: Finally, if all the earlier four level needs are satisfied, the need for self-actualization comes to the fore. Maslow characterized self-actualization as the desire to become everything that one is capable of becoming. (Aswathappa, (2008):202, 204, 205).

2.14.2 Herzberg's two factor theory

Very popular theory of motivation is that proposed by psychologist Frederick Herzberg. This model which is variously termed the two factor theory, the dual factor theory, and the motivation-hygiene theory, has been widely accepted by managers concerned with the problem of human behavior at work.

There are two distinct aspects of the motivation-hygiene theory. The first and more basic part of model represents a formally stated theory of work behavior. It is this two-factor model of motivation. The second aspect of Herzberg's work has focused upon the behavioural consequences of job enrichment and job satisfaction programmes.

Herzberg carried out his survey on factors affecting work motivation. Respondents were asked two questions: 1. When did you feel particularly good about your job

2. When did you feel exceptionally bad about your job?

Responses obtained from this survey were interesting. It was revealed that factors which made respondents feel good were totally different from those which made them feel bad. As seen in fig.2.2, certain characteristics tend to be consistently related to job-satisfaction (factors on the right-side of the figure), and others to job-dissatisfaction (factors on the left-side of the figure).

Intrinsic factors, such as achievement, recognition the work itself, responsibility, advancement and growth seem to be related to job-satisfaction. These factors are variously known as motivators, satisfiers and job content factor. When questioned when they felt good about their work, respondents tended to attribute these characteristics to themselves. On the other hand, when they were dissatisfied, they tended to extrinsic factors, such as company

policy and administration, supervision, work conditions, salary, status, security and interpersonal relations. These factors are also known as dissatisfier, hygiene factors maintenance factors or job context factors. Herzberg chose the term hygiene and maintenance to describe these factors as they help prevent occurrence of undesirable consequences.

Figure 2.2

Hygiene: Job dissatisfaction	Motivators: Job satisfaction
	Achievement
	Recognition of achievement
	Work itself
	Responsibility
	Advancement
	Growth
Company policy and administration	
Supervision	
Interpersonal relation	
Working conditions	
Salary	
Status	
Security	

According to Herzberg, satisfaction and dissatisfaction are not opposite poles of one dimension, they are two separate dimensions. Satisfaction is affected by motivators and dissatisfaction by hygiene factors. This is the key idea of Herzberg and it has important implication for managers.

To achieve motivation, managers should cope with both satisfiers and dissatisfiers. Improve hygiene factors- dissatisfaction is removed from the minds of employees. A favourable frame of mind is not created for motivation. Provide satisfiers, motivation will then take place. Managers should be realistic not to expect motivation by only improving the “hygiene” work environment. (Aswathappa, (2008):209,210).

Conclusion: In this chapter Researcher studied the Research Methodology and theoretical background which is very important part of the study. In next chapter Researcher will give the details of Pune city.

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CHAPTER III

PROFILE OF PUNE CITY

3.1 Introduction

In the state of Maharashtra in Western India Pune is the second largest city. Pune has been known for its cultural and political heritage. After Indian Independence, Pune has developed into an industrial city with an effective road, rail and air communication system with Mumbai and other parts of India and the rest of the world by satellite telecommunication.

It is known as a centre of learning. Pune has large number schools, colleges, universities and research institutions. As a result, it is urbanizing at a rapid pace. Pune's own industrialists Kirloskar, Garware and Bajaj have spread their industrial empires throughout the world from this city. The people, institutions and industries in Pune have contributed towards the development of the country and hence Pune has achieved an important place in the economic development of India. **(Mahajan (2000): 27).**

3.2 Pune District

3.2.1 Name

The oldest reference to Pune is found on a Rashtrakuta copper plate dating back to 758 AD in which the town is referred to as 'Punya Vishay' (Pune vibhag, Pune Region).

In a second copper plate dating back to 768 AD of the Krushana Raj 1 period, it is named as 'Punak Vishay' (Pune Vishay means Pune Region).

Another copper plate belonging to the Rashtrakuta reign (960AD) has been found on which Pune is referred to as "Punakwadi". Here wadi means a cluster of houses. Later in some other copper plates, Pune has also been referred to as "Punak desh". A copper plate, belonging to the period of Shilaher Aparajit Deo in 993AD, was found in Murud and Janjira region. This plate also mentions Pune as "Punak Desh". **(Mahajan (2004): 6).**

There is a theory that the original name may have been Punyapur because it stood near the confluence of the Mutha and Mula rivers, since such places were regarded as holy. Writing in 16th Century, Govind Das, a disciple of the Bengali Sant Chaitanya, refers to it as

Purhanagur. It is generally now agreed that the modern variant Pune came into use as early as the 13th Century when the small settlement was named "Kasba Pune" by its Arab commandant. **(Gupta and Diddee (2000): 19).**

Chatrapati Shivaji and his associates initiated a lot of development activities, as a result Pune became one of richest, culturally developed cities in the 'Maharashtra Deccan plateau' and this status is unchanged even today. After 1730, Pune rose in prominence to the national level as a power center due to Peshwe, the prime ministers of Maratha Empire reporting to their master, the Chatrapati of Satara. After the town was brought under the control of the British rule in 1817, it served as a cantonment town and as the "monsoon capital" of the Bombay Presidency until the independence of India in 1947. In independent India, Pune is known for its educational facilities, having more than a hundred educational institutes and nine universities. It also boasts of a growing industrial hinterland, with many technical and automotive companies setting up factories and offices in Pune district. **(Mahajan (2000): 7-11).**

3.2.2 Geographical Location

Pune district is located between 17 degrees 54' and 10 degrees 24' North latitude and 73 degrees 19' and 75 degrees 10' East longitude. The district has geographical area of 15.642sq.km. Pune district is bound by Ahmadnagar district on north-east, Solapur district on the south-east, Satara district on south, Raigad district on the west and Thane district on the north-west. It is the second largest district in the state and covers 5.10% of the total geographical area of the state. The landscape of Pune district is distributed triangularly in western Maharashtra at the foothills of the Sahyadri Mountains and is divided into three parts: "Ghatmatha", "Maval" and "Desh".

Pune district forms a part of the tropical monsoon land and therefore shows a significant seasonal variation in temperature as well as rainfall conditions. Climate of the western region of Pune is cool whereas the eastern part is hot and dry.

<http://pune.nic.in/puneCollectorate/default.aspx>, **DCOM 2007a: 4-10).**

To see the exact location of Pune (Refer Appendix B)

3.2.3 Population Density

According to the 2011 Census, the population density for Pune is 462. In the city it is 6765 persons per sq. km while for the rural areas it is 202 persons per sq.km. Pune city is the densest having a population density of 14,652 persons. Total population for Pune district is 9426959. In this male count is 4936362 whereas female is 4490597.

(<http://pune.nic.in/puneCollectorate/census/dist-profile.pdf>).

3.2.3.1 Rural and Urban Population

The rural population is 3687243 whereas urban population is 5739716. In terms of percentages, 42% of the total population is rural while the rest 58% is urban. 89% of the urban population resides in the twin cities of Pune and Pimpri-Chinchwad. (GoM 2009: 3).

3.2.4 Sex Ratio

The district as a whole has a sex ratio of 919 females per 1000 males in 2011. And the ratios for the rural and urban areas are 946 and 899 respectively. (GoM 2009: 3).

3.2.5 Literacy

According to the 2011 Census, 87.2 % of the population is literate. For rural and urban areas literacy is 80.9% and 91.2% respectively. While the figures for female and male literacy stand at 81.1% and 92.7% respectively. (GoM 2009: 3).

3.2.6 Industries

In December 2008, there were 3785 factories under Factories Act, 1948, employing 2,05,002 workers (GoM 2011: 9).

Pune is one of the industrially developed districts in the state of Maharashtra. Availability of adequate transport facilities has contributed to the development of industries. In the district there are some sugar industries. Besides there are auto parts manufacturers, cloth manufacturing and medicine manufacturing units. In the district there are co-operative industrial estates at Hadapsar, Gultekdi, Parvati, Baramati, Bhore, Lonawala, Kirkee and Dehu

Road. There is an ammunition factory and fireworks manufacturing unit set up by the Central Government. Pimpri is known for manufacture of penicillin and Mundhwa for paper, Pimpri-Chinchwad for manufacturing two- three- and four-wheeler vehicles, trucks, scooters and motorcycles, Junnar is known for handmade paper manufacturing. Other registered units in the district are: oil mills in Junnar and Khed, bidi manufacturing, rope making, poultry farming, and ancillary industries. The increase of factories in the district has been impressive. **(GoM (2011):10)**

3.2.7 Transport in Pune district

The district is well connected with the state capital and surrounding district headquarters through road and rail linkages. The road network consists of Express Highways, National Highways, State Highways and Major District Roads. The rail network consists of both broad gauge (Electrified and Non Electrified) double track as well as single track lines. The district headquarter has connectivity through airways for transport and trade to major airports within the country and to select international destinations. In spite of availability of perennial river stretches, there is no significant utilization of waterways in the district. **(GoM (2009): 6-12).**

3.2.7.1 Road Network

The district has total length of 13,642 km of roads(2001) of which 5394 km roads are Bituminous surface, 3554 km roads of waterbound macadam surface and 4694 km of other surface roads i.e. unmetalled road. The roads are classified according to their importance. Of the total road length in the district, 331km road length is covered by National Highways and 1368 km by State Highways. The major and other district roads have a total length of 5388 km, which passes through all the talukas. Almost all the villages are well connected by waterbound macadam road. The total length of village roads is 6555 km. **(GoM 2009: 6-12).**

3.2.7.2 National Highways

National Highway No. 4 (Mumbai-Banglore) - The NH-4 passes through following places in the district: Khandala, Lonavala, Talegaon, Chinchwad, Pune and Khed-Shivapur. It enters from Raigad district and exits in Satara district. Total length of NH4 in the district is 120 km. National Highway No. 9 (Pune-Solapur-Hyderabad) - The NH-9 starts at Pune district and

passes through Loni, Bhigawan and Indapur. It exits in Solapur district. Total length of NH9 in the district is 152km. National Highway No. 50 (Pune-Nashik) - The NH-50 originates at Pune and passes through Chakan, Rajgurunagar, Manchar, Narayangaon, Aalephata and it exits in Nashik district. The total length of NH50 in the district is 95km. (GoM 2009: 6-12).

3.2.7.3 Rail Network

The broad gauge single and double track rail length within the district have a total length of 311 km. Of these, single line is 162 km and the double line is 149 km. Pune and Daund are the two railway junctions in the district. Following are the three main railway routes passing through the district: Mumbai_pune_Solapur rail route Pune-Miraj rail route Daund-Baramti rail route. (GoM 2009: 6-12).

3.2.7.4 Air Route

Pune is well connected through domestic airlines with the entire country. The airport located at Lohgaon has recently acquired status of an international airport and is being used to carry domestic as well as international traffic. Also, it is proposed to develop an international air-cargo hub near Khed tahsil of the district. (www.maharashtra.gov.in)

3.2.8 Water Resources

The river plays a very important role in molding the economy of Pune district. Many rivers originate from the Sahyadri ranges and flow from West to South. Bhima, the major river, flows along the eastern boarder of Pune district for over 160 kms. Its tributaries are Vel and Ghod on the left and Indrayani, Mula, Mutha and Nira on the right. During the rainy season all these rivers swell, but shrink to almost a dry stream after the monsoon. The Nira flows along the southern boundary of the district for a considerable distance.

The Ghod rises near Ahupe on the crest of the Sahyadris, about 14 kms north of the source of the Bhima. It has a winding course and meets the Bhima north of Daund on the eastern border of the district. The water of the Ghod is famed for its wholesomeness.

The Indrayani has its origin near Kurvande village at the head of the Kurvande pass on the crest of the Sahyadris about 5 kms west of Lonwala. The river flows in a general East-Southeasterly direction and joins the Bhima near Tulapur after a course of about 95 kms.

The Mula or Mula-Mutha is formed of seven streams, which arise at various points along the crest of the Sahyadris between 13 and 35 kms south of the Bhor pass. The streams flow in a generally eastward direction and join the Mutha River at Pune. Then taking the name “Mula-Mutha” it winds eastwards and joins the Bhima at Ranjangaon. (GoM (2007): 10)

3.2.9 Education

In 2007-08, in the 4,440 primary schools, and 1,099 higher secondary institutes, a total of 6.70 lakh students attended classes. There were 73 junior colleges with 0.95 lakh students in 2003-2004. There are 4 Medical, 4 Ayurveda, 3 Homeopathy, 5 Law and 12 B. Ed colleges; 15 post/ graduate colleges and several ITI institutes are also functioning in Pune. (GoM 2009: 6-7).

3.2.10 Income of Pune District

The estimated net incomes of Pune District at current prices in the years 2010-11 and 2011-12 were Rs 10419623 lakhs and Rs 12227428 lakh respectively, and, the per capita income was Rs 1,21,712 and Rs. 1,40,570 respectively.. In the same years, the per capita income in Maharashtra state were Rs.83,395 and Rs. 95,330 respectively, and the percentages of income of Pune district to the total state income were 11.15 and 11.29 respectively. (GoM (2013): 12)

There are more than 300 pharmaceutical companies which are catering to the population of this area. Hence it was possible only to obtain data. This region is metropolitan area where all the means of communication are available. Speed is the essence of the movement of both people as well as goods. Literacy level of this area is quite high, compared to the environment of the interior parts of Maharashtra.

3.3 Pune City

3.3.1 History

3.3.1.1. Early and Medieval Period

Copper plates dating from 758 and 768 AD show that, by the 8th Century, an agricultural settlement known as Punnaka existed where Pune is today. These plates indicate that the

Rashtrakutas ruled this region. The Pataleshwar rock-cut temple complex was also built during this era.

Pune was a part of Yadava Empire of Deogiri from the 9th Century to the 14th Century. The Nizamshahi sultans later ruled it, until the Mughal Empire annexed it in the 17th century. In 1595, Maloji Bhosale was appointed the Jahagirdar of Pune and Supe by the Mughals. **(Mangudkar 1960:8)**

3.3.1.2 Maratha and Peshwa Rule

In 1625, Shahaji Bhonsle appointed Rango Bapuji Dhadphale as the administrator of Pune. He was one of the first major developers of the town, overseeing the construction of the Kasba, Somwar, Ravivar and Shaniwar Peths. Construction also began on the Lal Mahal palace, as Shahaji's son, Shivaji Bhonsle (later Chatrapati Shivaji) was to reside there with his mother Jijabai. The Lal Mahal was completed in 1640. Jijabai is said to have commissioned the building of the Kasba Ganapati temple herself. The Ganapati idol located at this temple is regarded as the presiding deity of the city.

From 1630 to 1647, Dadoji Kondev, Shivaji's childhood mentor and teacher, oversaw the development and construction of the area. As a child, Shivaji is said to have commemorated agricultural activities personally by using specially made golden ploughs. After Shivaji was crowned Chhatrapati (King) in 1649, he oversaw further development in Pune, including the construction of the Guruwar, Somwar, Ganesh and Ghorpade Peths.

Baji Rao - I became Peshwa of the Maratha Empire, ruled by Chatrapati Shahuji, in 1720. **(Kotak (2000): 48-53)** By 1732, the palace of Shaniwarwada had been constructed on the banks of the Mutha River, ushering in the era of Peshwa control of the city. The patronage of the Peshwas resulted in the construction of many temples and bridges in the city, including the Parvati Temple and the Sadashiv, Narayan, Rasta and Nana Peths. **(Mahajan (2000):3)** The Peshwas fell into decline after their loss in the Third Battle of Panipat in 1761. In 1802, Yashwantrao Holkar in the Battle of Poona, directly preceding the Second Anglo-Maratha War of 1803-05, captured Pune from the Peshwa. **(Kulkarni (2000):103)**

3.3.1.3 The British Raj

The Third Anglo-Maratha War broke out between the Marathas and the British in 1817. The Peshwas were defeated at the Battle of Khadki near Pune, and the city was seized. It was

placed under the administration of the Bombay Presidency, and the British built a large military cantonment to the East of the city. The Pune Municipality was established in 1857. Pune was at one time the "monsoon capital" of the Bombay Presidency.

During the struggle for Indian independence, Pune was an important center for the social and religious reform movements that were sweeping the country. Many prominent reformers lived here, including Mahadev Govind Ranade, Ramakrishna Gopal Bhandarkar, Gopal Krishna Gokhale, Maharshi Vitthal Ramji Shinde and Jyotirao Phule. The most important political reformer of this era was Bal Gangadhar Tilak, who dominated the Indian political scene for six decades. **(Mahajan (2000):3).**

3.3.2 Climate

Pune experiences three distinct seasons in a year: summer, monsoon and winter. Typical summer months are from March to May, with the maximum temperature ranging between 27.7⁰C to 37.5⁰C. The warmest month is April. Although summer doesn't end until May, the city often receives locally developed heavy thunder showers in May. Even during the hottest months, the nights are usually cool due to the high altitude. **(Deshpande (2000):183).**

3.3.3 Administration

Pune City is the district headquarters of Pune district. It is also a fully urban tahsil of Pune district. In Pune city, the statutory urban local bodies are the Pune Municipal Corporation, Pune Cantonment and Khadki Cantonment. For administrative purposes the city is divided into 4 zones and 14 administrative divisions. **(DCOM 2007: 656).**

3.3.4 Population

The population of Pune city according to the 2011 census is 31,15, 431 and that of Pune Metropolitan Region is 50,49,968 **(census2011.co.in).**

The following table brings out the rapid growth in the population of Pune city area, which includes the Khadki Cantonment Board, the Pune Cantonment Board and Pune Municipal Corporation areas.

Table No. 3.1
Growth of Population of Pune City

Year	Khadki Cantonment Board 1	Pune Cantonment Board 2	Pune Municipal Corporation 3	Pune City 1+2+3	Growth Rate (%)
1901	10,797	-	1,53,320	1,64,117	
1911	14,028	-	1,58,856	1,72,884	5.34
1921	-	-	1,98,543	1,98,543	14.84
1931	16,302	35,807	1,98,078	2,50,187	26.01
1941	26,285	40,447	2,57,554	3,24,286	29.62
1951	48,552	59,011	4,88,419	5,95,982	83.78
1961	58,496	65,838	6,06,777	7,31,111	22.67
1971	65,497	77,774	8,56,105	9,99,376	36.69
1981	80,835	85,986	12,03,351	13,70,172	37.10
1991	78,323	82,139	15,66,651	17,27,113	26.05
2001	77,473	79,965	25,38,473	26,95,911	56.09
2011	NA	NA	NA	31,15,431	21.40

Source: 1) District Census Handbook, Census 2001, Pune District pp. 654 to 657.

2) census2011.co.in/census/city/375-pune.html.

The very small growth in the population between 1901 and 1911 was due to five epidemics of plague in which 30,000 people died. The population of the Pune Municipal Corporation area showed a marginal fall in the 1931 census, but started growing steadily from 1931 onwards. With growth in the population of the two Cantonments as well, the population of Pune City as a whole grew continuously.

During the 1940s, the population registered the highest growth rate so far both because there were no health problems and also due to the employment created by the establishment of several government offices, industries, research and educational institutions and defence establishments, attracting a large inflow of population from all parts of the country. Another important reason was the influx of refugees from Punjab and Sind provinces after the partition in 1947. Lastly, seven adjoining villages and Pune Suburban Municipal Committee were merged with the Pune city at the time of the formation of the Pune Municipal Corporation in 1950 (**Mangudkar 1960: 31**).

From the 1960s to the 1980s, growth of population can be mainly attributed to the rapid growth of industry in and around Pune. Even though many industrial units were located in Bhosari and Pimpri-Chinchwad, their employees chose to live in Pune city, thus contributing to a steady rise in population at over 35% per decade. The fast growth of population after 1991 was primarily due

to the even faster growth in the economy. The rapid expansion of the Information Technology industry and other service sector organizations and tremendous growth in the small scale industrial units caused large scale in-migration. During the period 1981 to 1991 about 3.1 lakh people migrated to the city, and this figure went up to 7.4 lakhs between 1991 and 2001. Migration accounted for about 13-20% of the population of the city. It was observed that about 50% of the growth in population was due to migration (**PMC 2009: 3-4**). It may be observed that between 1981 and 2001, the population in the two Cantonment areas has shown some decline, but this has been more than compensated by the growth of population in the PMC area, leading to overall growth in the population of the city, which has crossed 3 million in 2011.

3.3.5 Density of Population and Number of Households

The density of population as per the Census 2001 was 5,903 individuals per Sq. km. in the Pune Municipal Corporation area (**DCOM 2007: 657**). The number of households within PMC limits was 555,771 at the time of the 2001 census (**ibid: 656**).

3.3.6 Literacy

The 2001 Census estimated that the literacy rate of the population in Pune was 77%. The literacy rate for females was 72.2% and for males it was a little higher at 81.4% (**ibid: 656**). In 2011, the overall literacy rate for Pune was 82.07%, with 84.96% males and 79.00% females being literate (**census2011.co.in**).

3.3.7 Occupation Structure

The Pune Municipal Corporation has estimated that 3% of the population is directly or indirectly dependent on agriculture and 97% of the population is engaged in professional or business activities. Out of the working population, about 23% (2.25 lakh) individuals are employed in the Information Technology industry (**PMC 2009: II**).

3.3.8 Per Capita Income

The average per capita annual income of Pune City was estimated to have been Rs.36,500 in 2004-05. This figure increased almost 1.8 times in five years, to about Rs.60, 000 in 2008-09 (**TERI 2010: 12**).

3.3.9 Growth in Area

The area of Pune city has been steadily growing as the city has expanded in all directions from the initial settlement on the banks of the Mula-Mutha Rivers. When the British captured the city in 1817, its area was barely 5 sq. kms. The city gradually expanded during the British rule with the formation of the Pune Municipality and the establishment of Pune, Khadki and Dehu Road cantonments. At the time of the formation of the municipality in 1858, the area of the city was 15.54 sq. kms. The area of the city continued to grow with the inclusion of more & more surrounding areas from time to time.

The total area of the Corporation was 250.56 sq. kms.in 2013 **(PMC 2014: 15)**. The total area of Pune City at present, including the 13.2 sq. kms of Khadki Cantonment and 13.9 sq. kms of Pune Cantonment, is 277.66sq. kms **(DCOM 2007: XXVI, PMC 2014: 15)**.

3.3.10 Land Use

The land in the city is being used for diverse purposes. In 2009, 42.52% of the land was being used for residential purpose, 13.04% for transport, 11.91% for agriculture and reserved forests, 8.41% for entertainment, 6.83% for government and semi government organizations, 5.95% for water sources, 5.11% is under hills 4.05% land is being use by industries and 1.61% by commercial establishments. Finally, civic services are taking up 0.57% of the total land area of the city **(PMC 2009: 7)**.

3.3.11 Industrial Growth

Pune has now become a major industrial centre, with a number of heavy engineering industries such as the motor vehicle manufacturing plants for buses, cars and two-wheelers located in and around the city. Industries have located mainly in the direction of the Pune-Mumbai highway. This has not only enabled better transport of the manufactured goods to other parts of the country, but has also helped to avoid congestion in the centre of the city.

The growth in the number of industries and in their turnover in Pune district between 1985 and 2007 is shown in Table No. 3.3.

Table No. 3.2

Growth in the Number of Manufacturing Units and their Turnover in Pune District

Year	Number of Units	Turnover (Rs. Crores)
1985	4,529	2,749
1990	6,766	5,445
1995	5,838	15, 655
2000	6,670	28,026
2007	9,500	52,000

Source: Table Nos. 26 and 32, MCCIA (2008): 128 and 135

The table shows that, although there was a continuous growth in the number of industries (except in the early 1990s), rapid growth took place after the recession of 1997 -2002 was over. During the recession, many large units cut workforce and reduced working hours, forcing many Small and Medium Enterprises (SMEs) to shut down. When the recovery started from 2002 onwards, the larger units stepped up production to meet the growing global demand and this had a definite multiplier effect on the SME growth. The investments made by the large manufacturers have grown at least four times between 2000 and 2007. The number of industrial units, their turnover and employment grew after 2002 as a result of this expansion (**MCCIA 2008: 128**).

The location pattern of these industrial units showed that over 12% of these industries are located within Pune city and over 70% units are located around the city in all directions, including Pimpri-Chinchwad and further along the Bombay-Pune road, Chakan, Hadapsar, Pirangut, etc. (**MCCIA 2008: 140**). The MCCIA report has observed that although a large number of industries are located outside the city, a majority of the employees live in the Pune Municipal Corporation area which has better amenities. Therefore, there is great demand for transport services (i.e., roads and vehicles) for both goods and passenger transport.

The IT and BT (Biotechnology) industries have emerged as the new driving force of the economy and have significantly grown by almost 26 times, from a turnover of Rs.250 crore to Rs.6,500 crore, between 2000 and 2008. The IT sector from Pune contributes to about 10% of national software exports. With over 600 IT companies and about 50 medium and 50 big BPO centres, besides many smaller ones, the IT sector, which is labour intensive like the SME sector, has generated a large number of new jobs, attracting people from all over the country, thus contributing to growth of population (**MCCIA 2005-06: 27-43**).

Most of the industries within Pune City limits fall in the category of engineering and allied

activities. There were 12 large/medium industrial units and 876 small units in the PMC area in 2010 (TERI 2010:22-23).

3.3.12 Trade and Commerce

The city of Pune is an important a trading centre because of good communication, banking and other necessary facilities. The city has good road and rail links to the rest of the country which has facilitated the growth of trading activities.

The area around Pune city is mainly agrarian. Therefore, Pune city is regarded as one of the most important market places for the trade of agricultural produce. The city is also considered an authentic market for the trade in food grains, clothes, leather goods, gold and silver etc., not only for the urban residents but also for the customers from the surrounding semi-urban area (TERI 2010: 9; Span Travers Morgan 2003: 2-11).

3.3.13 Pune Culture

Pune exemplifies an indigenous Marathi culture and ethos, in which education, arts and crafts, and theatres are given due prominence. It is the birthplace of the poet-saint Tukaram (in Dehu) and Jnaneshvara (in Alandi), the author of the well-known commentary 'Jnaneshwari', on the "Bhagavad Gita". It is the home of great freedom fighters like Bal Gangadhar Tilak, Agarkar and Gopal Krishna Gokhale. Jayant Narlikar, the famous contemporary scientist, is from Pune. Pune is the seat of North Indian Classical music. Annually, in the month of December, it hosts a three nightlong cultural program of vocal and instrumental classical music, called "Savai-Gandharva". Pune has been an example for the blending of the culture and heritage with modernisation and its side effects. With the Pune festival, Osho Commune International, Pune is the 'veritable heartland' of cultural Maharashtra - while you may not be looking to absorb culture through every pore, some of it certainly rubs off on you. Pune is the cultural capital of the Maharashtra.

<http://pune.nic.in/puneCollectorate/PuneCity/Culture.aspx>

3.3.14 Food

Pune, the seat of the Peshwas has retained its traditional cuisine and a special Pune meal would consist of Puran Poli (a sweet paratha with pulses/dal) Amti (masala dal), Pithla Bhakri (a masala chickpea gravy with a stiff 'roti'), Varan Bhat (dal and rice), Matki Ki Usal (masala sprouts), Thali pith (a spicy chickpea based pancake) and Alu chi Vadi (steamed and

fried, sweet n' spicy leaves). Bakar Vadi (spicy crusty savoury) and Missal Pav (spicy mixture of onions, chilly and small savoury items, with bread) are some of the most delectable snacks. For those with a sweet tooth, Pune offers its Shrikhand (a burnt milk delicacy) and the seasonal Amras Puri (thick mango juice with fried 'puris') complete the traditional Maharashtrian feast.

<http://pune.nic.in/puneCollectorate/PuneCity/Culture.aspx>

3.3.15 Festivals

All the Indian festivals like Diwali, Janmashtami, Navaratri, Dashahara, Holi, Rakshabandhan, Christmas, Id etc are celebrated with the same excitement in Pune with no religion, language bars. But Pune is famous for its Ganesh festival.

<http://pune.nic.in/puneCollectorate/PuneCity/Culture.aspx>

3.4 Conclusion

This chapter has given an overview of Pune District and Pune city, including a brief history and the present economic condition of Pune city, which is the area of study selected for this research.

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CHAPTER IV

REVIEW OF LITERATURE

4.1 Introduction

The literature study is meant to build a theoretical framework supporting the data gathering and result.

This chapter will review the literature regarding the Working Women and Pharmaceutical Industry and the way these interact. This review will establish the key factors needed for framework within which the study will be conducted.

Following are various research reviews regarding Pharma and Women collected from Ph.D. thesis, M. Phil. Thesis from Gokhale Institute, Jaykar Library -Pune University, Garware College, Tilak Maharashtra Vidyapeeth and from Internet also.

The studies reviewed can be classified into a) Studies relating to the Pharmaceutical Industry
b) Studies relating to working women, which are presented in the next two sections.

4.2 Ph. D. studies relating to the Pharmaceutical Industry

The following two Ph.D. theses have studied different aspects of the Pharmaceutical Industry in India.

4.2.1 Singh Satwinder (1983)

The title of the thesis is “Transnational Corporations and the Pharmaceutical Industry in India”.

Objectives:

1. To examine against an International perspective the economy of the pharmaceutical Industry in India tracing the role and the “market power” of drug TNCs therein.
2. To analyse the implications of this “market power” on the financial performance of drug transnational, operating in the country.

Methodology:

The committee on drugs and pharmaceutical Industry had identified 66 drug companies with various degrees of foreign equity participation. However, a closer examination revealed that out of these 66 companies, 18 have been listed as basically non drug companies, 6 operating as branches, 4 as wholly owned subsidiaries, 5 were pvt Ltd companies, 2 companies could not be traced.

More ever, it is very difficult to obtain the statement or annual accounts for these sets of companies.

In order to study with regards to their financial performance if there exist any inter group difference, the 27 companies selected by us were divided into 3 groups

1. Small with Paid Up Capital (PUC) upto Rs.75 lakhs
2. Medium with PUC between Rs.75-150 lakhs
3. Large with Rs.150 lakhs and above.

PUC was chosen as a basis of classification against other alternatives such as net sales, assets after it was found that the grouping on the basis of any of these financial indicators is almost the same. Hence it was decided to adopt the average basis.

Conclusion:

Drug transnational corporations enjoy tremendous “market power” in India. This “market power” is reflected in their monopolistic and oligopolistic hold on various drug specific sub-markets in the country.

Not only the drug TNCs have raised locally a large part of their total funds employed as capital, over the years of their operations in this country they have also acted as net exporters of funds by way of excess of remittances over earning in foreign exchange. To these results can be added their conspicuous failure to undertake any major Research and Development work in this country, their increasing import dependence, production of drug often much in excess of their licensed capacity and bewildering array of branded drugs introduced by them. These facts could be disturbing. Any comments on the positive aspect of drug TNCs operations should begin with the realization that there was hardly anything like pharmaceutical industry by the time India got its political independence. The activities of

Industry mainly concerned with the processing and compounding of imported bulk drugs for production of tablets, capsules, powder and various liquids. Foreign drug companies brought in the necessary technology and have accordingly introduced a wide spectrum of drugs ranging from simple to large savings in natures.

The development of the pharmaceutical industry with the help of drug TNCs has also given a tremendous boost to its parent-chemical industry and also to a host of other ancillary industries. Large savings in foreign exchange brought about by import substitution are also to be noted.

What seems optimal at this moment is the implementing of a set of pragmatic policies towards the whole gamut of issues related to the Industry the R and D issues, the price policy, smooth supply of life saving and non life saving drugs, careful regularizations of excess production, decreasing import dependence and assuring a 'reasonable' rate of growth to the Industry in comparison to the growth of other private sector undertakings in a matrix of private sector in the country

4.2.2 Ganbote Avinash (2006)

The title of the thesis is "Indian Pharmaceutical Industry in First decade of new Millennium".

Objectives:

1. To study Indian healthcare environment and Indian Pharmaceutical market characteristics
2. To evaluate market changes that can produce impact on Indian Pharmaceutical market
3. To access various socio economic parameters affecting growth of Indian pharmaceutical sector
4. To predict future scenario for Indian Pharmaceutical environment, an assessment of our position in year 2005.
5. To study policies of government towards healthcare system

Methodology:

Exploratory research method was use to carry out research. Secondary data was collected by using original sources.

Primary data was collected by in depth interviews with professionals in pharmaceutical field who are in the policy making groups. Around 120 discussions were made to understand views and opinion of these people. 14 National level conferences were attended. Secondly collected from International Association National Institute and Ministries of Government, Internet, Journal of Pharmaceutical Industry. Sampling method involved non-probability sampling which is more qualitative in nature.

Findings and Conclusions:

1. We expect modernization of Drug Controller's office machinery for Approval of IND Investigational New Drugs.
2. It is expected that about 60% pharmaceutical production in private sector.
3. Medical advances and new technologies will get more dominance.
4. Herbal Industry requires more attention. International approach in standardization of system is required in this area.
5. Globalization of Economy will give more access to quality of healthcare services.
6. It is expected that leading Indian Pharmaceutical firms like Ranbaxy will introduce 3-4 molecules for new drug applications NDA every year.
7. Indian pharmaceutical firms may adopt newer techniques like value addition and innovative production based on target based drug discovery tools.
8. Indian firms will excel in global generic market because they are good in reverse engineering and chemistry of molecules.
9. There will be higher multinational corporation (MNC) activity in country.
10. Herbal drug industry/ market has tremendous scope for developing if properly natured.

Recommendations:

1. Stronger Industry-Academic interaction is recommended for trained technology human Research.
2. More streamlining of research in government healthcare machinery is required for reducing healthcare cost.
3. Transparency in policies, rules and procedures is required.
4. Foreign Direct Investment (FDI) in pharmaceutical sector should be encouraged.
5. For pricing of drugs national health policy, drug policy and other policies should be implemented with true spirit.

6. Involvement of small Enterprise in drug research process will benefit in reducing cost and time constraints in drug research.
7. There is need for faster approvals for clinical trials of drugs from the office of Drug controller General of India (DCGI)

4.3 M. Phil and Ph.D. studies relating to Working Women

The following studies dealing with various aspects of working women such as their participation in the work force, their working conditions, causes of stress etc. were reviewed

4.3.1 Dabholkar V. A. (1960)

The title of the thesis is “Life and Labour of Employed Women in Poona”.

Objectives:

The larger percentage of female employment in the professions, public services and industrial occupations in Poona city is indicative of a more advanced social outlook regarding the status of Women. Hence a detailed study of certain aspects of the life and labour of Women employees in Poona city was thought to be useful. The present study was undertaken with the object of exploring these aspects. Poona was chosen as the proper place for conducting such an inquiry, because here a good deal of background material was available as a result of the various surveys already carried out by Gokhale Institute. Further as the writer of the present thesis has been a resident of Poona for several years, she has had very useful contacts with some women employees and their employers. All these favorable factors made possible the collection of sufficient and satisfactory data in Poona City.

Methodology:

It was decided to take a sample of women from various occupations. The scheme of stratified random sampling in two stages was adopted. Thus these various occupations were divided into two broad strata viz 1. Liberal profession or white collar occupation 2. Manual blue collar occupation. In the first stratum we confined ourselves to the following five substrata 1. Primary teachers 2. Secondary Teachers 3. Nurses 4. Clerks 5. Telephone Operator. These sub-strata were chosen because a considerable number of women workers were employed therein. The 2nd stratum was confined to 1. Sweeper 2. Factory Workers 3. Bidi Worker 4. Waddars

Conclusion:

1. Maximum participation in the labour force was noticed to be in the middle of the age group 28-37.

Some exceptions to the above conclusion:

1. There was a group of women workers who did not marry and who therefore were capable of continuous employment.
2. There were some women who married but were childless and therefore tended to remain in employment continuously for a long period.
3. Some women found continuous employment necessary and desirable and became permanently attached to jobs.

This happened in the case of teaching and clerical services where child bearing did not materially affect the continuation of employment.

A housewife after doing her routine cooking can find some time to go to a social club for recreation in evening if she is old fashioned woman. This is not possible in the case of an earning married woman who has no leisure time except what she can get cutting on her sleep. That time again she utilizes in mending clothes, sewing, knitting, shopping, washing the clothes and a host of such tremendous trifles.

The analysis of poverty and dependency makes it crystal clear that women work for the same reason as men do, because they must. A general review of these studies indicates that the extent of poverty and dependency load showed large variations when related to such factors as occupation, community, marital status and age of the sample working women.

4.3.5 Auti Shubhand (2009)

The title of the thesis is “Socio-economic Study of Women Entrepreneurship in the Development of Maharashtra with special reference to Pune District”.

Objectives:

1. To study social background of women entrepreneur.
2. To study educational, technical, economical background of women entrepreneur.
3. To evaluate the economic growth of Entrepreneur
4. To study Employment generation due to Women Entrepreneur.
5. To study of effect of globalizations on Women Entrepreneur.

6. To assess the difficulties faced by Women Entrepreneur in promotional their units.
7. To study the government schemes provided to Women Entrepreneur
8. To study and suggest guidelines for growth of small Industrial units in Pune district.

Research Methodology:

It was decided that the study should cover all 14 talukas of Pune District. The sample so selected belongs to each taluka. The selected business was traditional as well as non traditional. As regards methodological aspects of the study, survey method has been followed. Data has been collected from Primary as well as Secondary sources.

Primary Data:

1. Questions
2. Interview
3. Observations

1. Here stratified sampling method was applied. 2. Personal Interview were taken of officers of Institutes like MITCON, Mahila Arthik Vikas Maha Mandal Pune and different bank Managers who provided loans to women entrepreneur.

Secondary Data: Secondary data has been collected from various books, Ph.D. thesis, Journals, Articles, Newspapers etc.

Selection of Sample: According to District Industrial Center, registration of Women Entrepreneur in Pune district up to the year 2006-07 is 7529 women entrepreneur. Sample is selected from all taluka. A total 203 Women entrepreneurs are selected as sample for study.

Conclusions:

1. It shows that Women Entrepreneur's families have better education than other families.
2. Women Entrepreneur Manage both responsibilities of household and business.
3. Maximum women get support and motivation from their husbands.
4. Number of graduates are very less.
5. Illiterate Women Entrepreneur were generally in the age group of 40 and above.
6. Native places of majority of Women Entrepreneur are from within Pune District.
7. Major of women use Marathi as their mother tongue.
8. Maximum number of Women Entrepreneur belongs to age group of 30-39. Most of Women were housewives before starting business.
9. Only 41 women Entrepreneur trained and 58 % do not obtain training.

10. 20.19% women Entrepreneur have taken grant from institution, 79.81% have not received grants.
11. Majority of women own their business.
12. Every woman can enter into business only when she gets family support.

Majority of Women Entrepreneur do not understand market research. The reason behind this is they were unaware of the concept of market research. Majority of women have not achieved any award certification. The reason behind this may be lack of information about this certification. Many of the business are too small that they are not eligible to enter into the race. They think that it would be very difficult fulfill to formalities of ISO.

Maximum number of women entrepreneur have faced problem of raw material.

Economic crisis is the core problem in any business.

Suggestions:

1. Entrepreneur will have to keep balance between high technology and high tough in 21 century.
2. Training programme should be conducted.
3. Entrepreneurial Awareness camps need to be conducted in rural areas.
4. With the globalization of Indian Economy, small Enterprises should adopt ISO-9000 standards with a view to gaining credibility in the market.
5. In the changing Economic scenario the Entrepreneur needs to look upon the workers, as an asset and take cognition of need to improve the skills by providing better working conditions and necessary economic security in the form of minimum living standards.

4.3.4 Athalye Naina (1999)

The title of the thesis is “Psychological stress in Working Mothers: A comparative study of Women Professional and Non-professional in India”.

Objectives:

1. To examine the role of Independent variables such as sex role orientation, traditional Hindu gender role beliefs, occupational status in the stress experienced by Hindu working mothers and the impact of these variables on their health.
2. To understand the interactive effects of the above independent variables on stress among Hindu working mothers.

3. To examine the role of control on the health of Hindu working mothers.
4. To understand the direct and indirect relationship between independent and dependent variables.

Methods:

The sample included working mothers holding professional and non professional jobs in Pune city. There were 2 sets of samples one for standardization of Traditional Hindu gender Role beliefs and the Health scale and the other to test the hypotheses framed for study. The samples belong to Pune city.

Conclusions:

1. Women professionals with feminine sex role orientation did not report more hassles than masculine women.
2. Masculine women professional and non professional did not report fewer hassles as compared to feminine women.
3. Women professional endorsed fewer traditional Hindu gender role beliefs than Women non-professional.
4. Women professional scoring high on traditional Hindu gender role beliefs showed a new trend.

4.3.2 Maheshwari Uma A. V. (1984)

The title of the thesis is “Female Labour Force Participation of Tamil-Nadu”.

Objectives:

1. To investigate the patterns of Women’s industrial classification in the 16 districts of Tamil-Nadu.
2. To observe spatial pattern with regard to female participation among the districts of Tamil-Nadu.
3. To detect the rural urban differentials in female work participation rate in the districts.
4. To test certain assumptions regarding relationship between female work participation rates and economic and socio-cultural variables, mentioned earlier.
5. To examine the relative position of female participation in labour in comparison to males and study the implications behind it.
6. To determine major industrial classification where women participate more and to see if thereby, women are relegated to lower status categories.

Conclusions:

Tamil Nadu has really made headway in the matter of female employment because the female population of Tamil Nadu has increased by 17.2% over 1971-81 whilst the number of female workers increased by 75% not withstanding the reduction in sex ratio.

4.3.3 Fasate Pratibha (1995)

The title of the thesis is “Generating Employment and Income for Socially and Economically underprivileged Women: A study of some NGOs, Social Workers and Beneficiaries in Pune”.

Objectives:

1. To review some literature to acquaint with the problems faced by socially and economically under privileged women and efforts made by the social reformers in Maharashtra to resolve them.
2. To study some NGOs to know how they implemented programmes for imparting formal education as also training programmes to give professionals skills and the infrastructural facilities such NGOs provided to enable the trainees/ women to benefit from such schemes.
3. Interviews of some social workers engaged in helping women and children in their predicament, particularly employment and income generating.
4. Case studies of beneficiaries to know their back ground, how they benefited, problems they faced. Suggestions to improve the existing programmes and facilities in giving professional skills, providing employment, inculcating the habit of saving and such other factors.
5. Based on the experience of the NGO, social workers, beneficiaries and other engaged in helping the needy ones, identify training programmes, particularly suitable to the changing needs of the society, to give some profession skills, various occupations they can successfully pursue and infrastructural facilities necessary to enable them to devote adequate time to benefit from various programmes and become economic independent,

Method:

A combination of various research methods was used. The researcher reviewed some literature and analysed secondary data, conducted case studies of NGO and social workers and interviewed the beneficiaries for in depth study. The researcher referred to some

literature on the social reformers in Maharashtra and their contribution to resolving the problems of the women in general and of the destitute in particular.

Conclusions:

1. Social workers are close to women in their locality and are grass root level workers.
2. No large scale efforts were made to generate employment and income for the destitute women to raise their economic status.
3. Unfortunately, the NGOs which conducted training programmes and or implemented schemes of generating employment and income do not to keep systematic record of follow up of the beneficiaries.

4.4 Other Report relating to Working Women

The following study is the report which is about working women in different Industry. dealing with various aspects of working women such as their participation in the work force, their working conditions, causes of stress etc. were reviewed

4.4.1 SARDI (1999)

The title of the report is “Report of the Suvey of Women Workers’ working conditions in Industry”.

This report is based on a survey of women workers in industry as diverse as Pharmaceuticals, Medical Care, Rubber Products, Electronics, Garments, Packing Materials, Hospitality Services, Furnishing, Entertainment, Engineering, Services, Medical Transcription and Banking. It examines the working conditions for women in industry and analyses possible discrimination against them from four perspectives: the woman worker, the male worker, the management and union leader. The study looks at specific working conditions, promotions and benefits, facilities, occupational health and safety and harassment of women at the workplace.

This study reveals significant differences in the nature and conditions of work, and incomes between men and women at the workplace. Women face worse conditions, have less access to education and training, and thereby have lower skill levels than men.

The report also tries to surface best practices with respect to women workers so that workers

organisations could use these to advocate changes in working conditions, and make collective bargaining more gender sensitive.

Women comprise half the Indian population and account for nearly 1/3rd of the total workforce. The 1991 Census estimated about 90 million women workers, out of the total workforce of about 314 million. Women are increasingly entering the labour market.

While official work participation rates of women (22.7%) lag behind those of men (52.6%), women's work participation rates grew from 14.2 percent (1971) to 22.7 percent (1991), a period during which male participation rate actually declined slightly.

Methodology

The study was conducted in three major industrial belts, namely the National Capital Region (Delhi, Faridabad and Noida), the Mumbai-Thane-Pune belt and Bangalore. The sample included Pharmaceuticals, Medical care, Rubber products, Banking, Electronics, Garments, Packing Materials, Hospitality services, Furnishing, Services, Entertainment, Engineering and Medical Transcription through a stratified random method. Sites were chosen to include union/ non-union, public/private and organized/unorganized companies.

The sample was modified based on access. The survey instruments covered demographics, employment conditions, benefits, working conditions, occupational health and safety, collective bargaining, working relationships (including harassment) and best practices. This questionnaire was administered to all four groups in two areas: Bangalore and the National Capital Region including 79 women, 21 men, 12 union and 22 management surveys. Qualitative interviews from the Mumbai-Thane-Pune belt with 13 women, 7 men, 9 union and 4 management personnel supplemented the survey.

4.4 Conclusion

As per the above Literature Review of M. Phil and Ph.D. thesis earlier, studies undertaken explained either pharmaceutical field or women employee. But Researcher covered both. This research explains the working condition of Women Medical Representative in pharmaceutical field.

In this chapter Researcher has given the Literature Review from various books and thesis (M. Phil, Ph.D.). The next chapter will discuss about the working women.

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CHAPTER V

REVIEW OF WORKING WOMEN

5.1 Introduction

Women work force now constitutes a significant percentage of the total work force in any organization today. With major changes in the nature of work and work arrangement, including the increasing numbers of women participating in the paid work force, changes in women's career expectations, the decline of the family wage, the disappearance of the job for life and changes in family formation, the relationship between families and labor market participation has come under considerable scrutiny.

The pressure of career and family hits women hard. Mid-level career women face more challenges when balancing work and life, leading to more difficulty in career growth. The difficulty stems from the fact that there is a double push on these career women as they are forced to compete between two competing ideals: of mother and devoted worker.

Attracting and retaining women in the workforce is important for a variety of reasons. Care, concern and curiosity are the natural attributes of a woman which are further reinforced by additional characteristics like empathy, flexibility and persistence.

There is negative connotation to the term "Career Woman". No such derogatory term exists for men, since their careers are taken for granted. It is acceptable, even commendable, if middle-class women take jobs to help their husbands advance their careers while going to school, or to help children go to college. Their caring in this way for members of the family is seen as part of their cultural mandate. **(Kah-Hut and others: 44)**

One reason that women tended to accept domesticity, with the male dominance that it involved, was that the other side of female subservience and eco-dependence was male economic support. The grand-mothers and even the mother, of these women had worked at demanding tasks for long hours. Most colonial form women, especially in the early stages of settlement worked from before dawn through the evening almost every day of the week at a series of complex tasks that left them with little freedom to enjoy a moment with their children/ men. **(Kah-Hut and others: 98)**

Women were impelled to accept domesticity not only because of its material benefits but because it was surrounded by a seductive ideology. Women were told that in devoting themselves to their husbands and children their position would be enhanced that even though their work seemed trivial in fact it held families together and was the basis of society itself. They were told that they are the basis of society itself. They were told that they were secluded from the outside society because they might otherwise be trained by it, and they were superior to it and to the men who inhabited it and they were told that the seclusion that preserved their purity would also bring them power. The prospect of being relieved of productive work and of only having to mind the children, clean the house and cook must have been very enticing. Unfortunately for these women, however by the middle of the nineteenth century, the psychological strains brought on by powerlessness and dependency were already taking their toll.

Women cannot reenter employment with full status once they leave in childbearing. Second, when the husband is transferred, his working wife has virtually no chance to obtain a position equivalent to the one held at her old firm. **(Kah-Hut and others (): 129)**

Working women have a much wider area of social interaction. They get an opportunity to come in contact with different kinds of situations and people. As a consequence of their outdoor experience they may develop a more practical and realistic outlook in life. Therefore, the way they would like their children to grow may not be dominated by traditional values. They may be more permissive and liberal towards their children.

5.2 Historical Background

In the traditional Indian Society it was not considered respectable for a middle or upper class woman, particularly for married woman, to seek a career or to accept service outside the home. And it was only under the pressure of gross economic necessity and under adverse circumstances that she came out to take up gainful employment. This concept of respectability does not hold good any longer in today's changing socio-economic and politico cultural contest. Today, by and large, it is not considered derogatory, even for a married woman, to take up any gainful employment. It is of significance that now a majority of

husbands want in varying degrees or at least do not mind their wives taking up jobs or to continue to be in jobs after marriage. Though mainly because of the economic strains of the times, society's attitude towards a married woman's employment has also changed. And even the members of the older generation want the educated daughters-in-law to help the family by supplementing its income.

That is why married women and even mothers of children of different age-groups, ranging from one month old to 30 yr old are found working in various capacities, from shop assistants to managers, from clerks and receptionists to the highest posts of the government service, from primary school teacher to the highest university teachers, from private medical practitioners to hospital superintendent. These women belong to varied socio-economic and cultural backgrounds with their husbands engaged in various occupations and whose salaries/ income show a very wide range.

No doubt many of these women are compelled by the stresses and strains of economic conditions to take up a career/ a job in order to add to the family income. Yet, various studies including those author's own by Promila Kapur (1960, 1970 and 1973) have found out that today economic necessity is not the only reason for their seeking jobs. There are various other socio-psychological motivations behind it. e.g. to use their talents, to achieve a position/ an individual status of their own, to be economically independent, to get freedom to mix with people, to overcome the boredom of being in the unpleasant atmosphere of home, to make their contribution to society, to gratify their love for a particular profession/ job, to satisfy their ambition of having a career and so forth.

The emerging trend of educated married woman's taking up employment is liable to affect her entire personality and her marital and family relationship. Now she has two roles to perform, one of a housewife and the other of a wage-earner. Both these roles make demand on her time and energy and she is quite often torn between the conflicting pulls of the dual role. (There have been number of the additional role of a working woman on her marital and family relationship.) **(Kapur, (1974): 19-21)**

5.3 Women in Pharmaceutical Field

It is pertinent to note that the field of medical representatives (MRs) has now no more remained the monopoly of the male MRs. More and more ladies are also opting for the medical representative job and showing fabulous performance. They also take up the higher responsibilities of field managers, and also have made entry into the product management team based at the corporate office in the marketing department.

Today it is a common sight to see a lady medical representative (MR) or lady field executive waiting alongside a group of male MRs for her turn to call on a doctor. Likewise, at cycle meetings and product launch meetings, the sight of a lady Product Executive (PE) or lady Product Manager (PM) conducting the meeting is also a familiar sight. But such was not the case two-three decades ago.

Traditionally, in the 1970's and early 1980's, the Indian pharmaceutical industry, like most other industries, was a male dominated industry. Girls graduating in pharmacy in 1980's were chosen mainly for quality control or packing department, while post-graduate ladies were chosen either in analytical development or formulation development or they ended up teaching at pharmacy colleges. On their part, ladies too, preferred to tread only on the tested paths and hardly dared to experiment with newer career options.

Then a wave of change came in the late 1980's. With more girls opting for pharmacy than boys, a few girls ventured into the unexplored terrains of pharma marketing and sales. Indian companies such as Gufic Laboratories, Unichem and Lupin Laboratories were among the foremost to give ladies a chance in the typical male-dominated jobs such as MRs and PEs.

Have women done justice to their new role in pharma marketing and sales?

With regards to presence of women in pharma sales, a few sales managers have expressed that lady MRs have good employment potential for they are highly punctual, disciplined, good at planning the day's work, persistent and persuasive by nature and they showed high commitment and dedication. However, they are more suitable for metro cities rather than interior towns and many preferred working part-time in the mornings and afternoon only. Critics however express that they are more suitable for general practitioner (GP) based selling or hospital working rather than work for specialty divisions. They prefer to finish their calls

early and many do not like to wait for late night calls on important specialists. Further, after marriage, most of the lady MRs take long breaks for maternity leave, which affects the sales and growth of the territory. This is an issue that we have to accept. Balancing her biological role as a mother and the demands of a selling career can be very tough and in all fairness, family takes precedence over career for those few months or years. Increasingly, many mothers are returning to their career in sales and many, with their persistent efforts, they have made it to higher levels of Area Sales Managers, Regional Managers and a few with that extra drive have even assumed responsibility for national sales.

Likewise in pharmaceutical marketing too, ladies have risen from being Medical Executives and Product Executives to even VP-Marketing and Sales. Coping with frequent touring has been the only major deterrent faced by some lady Product Managers with small children at home. While many take a full break for a while, a few have tried out other novel approaches. It is said, 'Necessity is the mother of invention'. The necessity of being closer to home during the early years of motherhood has led many lady PEs and PMs to set-up their own small consultancy services in product management, medico-marketing, designing, advertising, etc. While they are away from the mainstream, they have still managed to stay tuned-in with their industry and have managed to strike a balance between the different roles that they play.

Women were also discriminated against due to their withdrawal from the workforce for marriage and children. But by the researcher some married lady MR working in this field were noticed.

On their part, to curb the tendency of resignation after childbirth, the industry will do well to work out a flexible option of working from home for lady Marketing Executives for those critical months/years after childbirth or have a policy of 'no-tours' for a maximum of one-two years after childbirth. With the internet connectivity of modern day, it is possible to be physically away from the work place, yet send in your output by the end of the day. A few adjustments at the organizational level may be required but the loyalty that comes with such an approach is tremendous. In Western countries, companies have already experimented with such options and have expressed total satisfaction with the results. Some of men folk cry foul and accuse women of wanting to have their cake and eat it too. But the mature among them are wise enough to realize that such accusations are shallow and that a professionally committed individual, irrespective of their gender, will always give their best to their career.

In conclusion, it is often remarked that most Indian women, including your mother and grandmother, are naturally gifted with management abilities. She is creative; she is sharp; she is willing to try out new ideas to solve problems; she is adept at multi-tasking; she can recall and take care of 'n' number of things to be done without a formal reminder memo or without the use of modern electronic gadgets to help with such tasks. She is good at managing people and getting work done and is a great source of strength and support and much more. In yester years, these abilities were put to use mainly within the confines of the four walls of a home but now thanks to the emergence of a 'modern India', these abilities are being put to use right from formulation of 'selling and marketing strategies' to 'boardroom decisions'. (www.expresspharmaonline.com)

5.4 Work Life Balance, Work Life Conflict and Women Employee

In India, it is taken for granted that economic activities are exclusively the prerogative of males while domestic work, child bearing and child rearing are the sole occupations of women. Historically, women in India have not enjoyed a good status in workplace settings whether in managerial or operative roles.

Since times immemorial, women have been burdened with work of all sorts all through their lives. From reproduction to all household chores and outside, their role as worker is significant, unique and burdensome. But they are discriminated and exploited all over.

But today scenario is changing. Now female workers carry not only the load of domestic work but also carry a significant part of the load of economic activity. Their contribution to economic activity is in fact on the higher side than what is revealed by the different Indian Censuses.

Liberalization of the Indian economy has created considerable employment opportunities for those, including women, who possess marketable skills and talent.

Today women form an important part of the Indian Workforce. According to the information provided by the Registrar General of India, the work participation rate for women was 25.68 per cent in 2001. This is an improvement from 22.73 per cent in 1991 and 19.67 per cent in 1981.

Table No. 5.1 Work participation Rate in India (1971 to 2001)

Year	Total	Male	Female
1971	34.17	52.75	14.22
1981	36.70	52.62	19.67
1991	37.68	51.56	22.73
2001	39.26	51.93	25.68
Source: Registrar General of India 2001			

The work participation rate continues to be substantially less for females than for males. Since independence in 1947, the percentage of women in the Indian workforce has been on a steady increase. **(Datt and Sundharam, 1999: 126)**

According to the nation wide sample survey on Employment and Unemployment undertaken by the National Sample Survey Organization (NSSO) in India during 1999-2000, female workforce is estimated at 124 millions. This constitutes about 31 percent of total workforce of which more than 88 per cent belongs to rural workers. The female workforce participation rates are 29.5 for rural areas and 12.4 for urban locations. A vast majority of women are working in agricultural or land based occupations. Apart from this, other activities of the primary sector that employ women are related to animal husbandry, natural resource management, and so on. Among activities of the secondary sector, women are predominantly involved in informal, home based activities. This work in most cases offers little or no social security, low wages coupled with poor working conditions. **(Nath and Rustagi (2003): 2)**

“Whether your top concern is equal pay or flexible hours, childcare or elder care, training for a new job or respect for the one you do now, one thing is certain-working women face a challenge- what you feel invariably affects how you behave” **(Aswathappa (2011): 725)**

“Even today, the majority of the managerial workforce in organizations consists of men. Given that the inclusion of more women in the workforce has been strongly promoted in recent times, we still have very few women in the middle and top tiers of management in organizations. In 1971 women occupied 38% of the total workforce in the United States. The percentage of women in middle and top managerial positions was insignificant”. **(Basu Sujoya (2006): 02)**

“Indian women are all set to overtake their male counterparts in the employment growth rate, says an industry report. As the Indian economy heads towards a double-digit growth, women have surpassed men in terms of employment growth rate with a 3.35 percent rise in employment between 1998 and 2004 as against a fall of about 8 percent in the case of men, according to a study by the Associated Chambers of Commerce and Industry (ASSOCHAM)-Women Employment Growth Rate and Gender Budgeting” **IANS (2007)**, Wednesday, 07 March 2007, http://www.siliconindia.com/shownews/Indian_women_overtake_men_in_employment-nid-35225-cid-TNI.html.

Women as a new class of leaders can play a very transformative role in the society. There is a transformation in the way the educated and the professional women of today are bridging up and supporting their families as they are now equal bread earners and also work out of home like the men. They are now at par with the men in professional skills and even financial returns. **(Bedi (2008): 151)**

Today, globalization offers great opportunities to women in all levels of industry and at the same time they also face several challenges in their work life. The working women have to contend with and overcome the social and mental barriers such as lack of proper education, lack of exposure to global business, social stigma and psychological inhibition. **(Jagadeesan (2008): 3)**

Women have traditionally been associated with nurture, care giving and less aggressive roles. Only in the 18th and early 19th century, during the Industrial revolution, did women began to compete with men for jobs. However they mostly opted for traditionally women centric jobs, which were less paid and less valued. **(Kallian (2009), Vol: VI, Issue: 8)**

India has been experiencing a transition towards achieving gender parity. The influence of liberal feminism was to pressurize government for ensuring equal status to women at par with men. Liberal feminism tries to explain the women’s position in society in terms of unequal rights to participation in the world beyond the family and household. **(Smitha K. C. (2009): 64)**

Historically, India has been a male dominated society. Yet, in the past two decades or so, social change has opened the possibility for women to attain managerial roles in corporate

India. As more Indian women enter the workforce, particularly in the corporate world, this change is in dramatic contrast to the traditional Indian culture, where a woman's expected role has been to marry, raise the family and take care of the household. **(Lockwood (2009))**

As more women begin to take up jobs outside the home, there is an attitudinal change that is beginning to become noticeable. In the middle classes earlier, women's jobs and incomes were views as supplementary to the man's and therefore not given their due importance. In contemporary times women are frequently as professionally qualified as the men and the incomes they earn are equally substantial. Their working hours as well as the stress and strain of work is in way less than the man's. Therefore, inevitably, the equations between them are also changing along with the traditional roles they have played. No longer are men and women's roles clearly defined vis-a vis domestic work and childcare. **(Parmar (2010): 38)**

Economies across the world are finding it increasingly difficult to ignore women, rather it has become next to imperative to treat them as crucial components of the global system **(Batra (2011), Vol:15 No:03)**

Despite the increasing workforce participation of women, India remains largely a hierarchical male dominated society. The cultural traditions and family role-structure have not changed significantly and women on average still bear responsibilities for daily household chores, such as cooking, shopping, providing care for children and aged family members. **(Kalliath and others (2011): 37)**

Women constitute nearly half of the world population. Growth development and progress in any society are intimately linked with the development and empowerment of women. No nation can afford to neglect such a precious segment of human resource **(Kumar (2011))**

There's no doubt that women are as ambitious as their male counterparts. Ms Sunita Cherian, General Manager, Talent Engagement and Development at Wipro Technologies, points out that the female workforce today expects to share responsibilities with male colleagues at every level. Agrees Ms. Alka Sharma, Head, Corporate Communications, Yahoo! India, "Women employees are quite alike their male counterparts when it comes to aspirations from their job. They aim to grow within their role and organization and are ready to work hard by exceeding performance expectations and demonstrating expertise **(Prayag (2011):3)**

Women executive have gone up the ladder mostly in the services sector. According to an ILO (International Labour Organization) report, 75% of the world's activities are executed by women, but they own mere 0.01% of the total assets. **(Dhall and Sharma (2008):6)**

Apart from differences in sectorized employment between men and women, there are important differences in working conditions. At the global level, the share of vulnerable employment in total female employment was 52.7 per cent in 2007, as compared to 49.1 per cent for men, which represents a decline of 0.6 percentage points over the previous year for both men and women. The move away from vulnerable employment into wage and salaried work can be a major step toward economic freedom and self-determination for many women. Economic independence or at least co-determination in resource distribution within the family is highest when women earn wages and salaries or are employers, lower when they are own-account workers and lowest when they are contributing family workers. The share of women in wage and salaried work grew from 41.8 percent in 1997 to 45.5 percent in 2007, but the status group of female own-account workers saw a stronger increase **(ILO (2009):11)**

Work Life balance is the term used to describe those practices at workplace that acknowledge and aim to support the needs of employees in achieving a balance between the demands of their Family (life) and work lives. The work life balance is about people having a measure of control over when, where and how they work. It is achieved when an individual's right to a fulfilled life inside and outside paid work is accepted and respected as the norm, to the mutual benefit of the individual, business and society. **(Agarwal (2007): 723)**

Work life balance is a swap- a deal you have made with yourself about what you keep and what you give up. It is no coincidence that work life balance entered the public domain about the time that women-and especially mothers in dual career household-started working in force. Suddenly there was a whole group of people juggling two mutually exclusive and colliding demands: being great parents and great employees at the same time. Especially in the early days, the struggles to make everything work were messy and painful for many working moms and their stories were filled with guilt, ambivalence and anger **(Welch (2005): 317, 318)**

The rise of women in the workforce has shown significant improvements for women, families

and even poverty levels; and yet, most feel there is still a long way to go. Women all over the globe are dealing with the same balance issues and trying to understand how to “have it all”- both the successful family and home and the successful career. **(Kathleen P., Myra D (2008):17)**

Nine to five rigid job structures and walking the tightrope of family and work related responsibilities have made a woman’s life, almost mechanized. With the economy spewing job opportunities in the fields of education and academics, business and outsourcing, it is now possible to work at one’s convenience. This is what women have been looking for in terms of work flexibility. **(Rao and Gore (2008): 61)**

Work-life imbalance usually arises out of a lack of adequate time and/ or support to manage the work commitments as well as personal and family responsibilities. Meeting competing demands of work and family is not tiring but can be stressful and can lead to sickness and absenteeism. It inevitably affects productivity. Balancing both career and family is an arduous task for working women especially when they have small children and there is no well-equipped day-care/ crèche facilities where they can leave their kids without any tension while they are at work. Women often suffer from the guilt-complex of not spending enough time during the tender age of their children and being forced to leave their children in the hands of the maids on whom they have little faith. Women employees thus face a dual burden-work and family- which creates a lot of stress and strain and role conflict. **(Buddhapriya (2009): 32, 33)**

Corporate women at large, irrespective of whether they are working mothers with families or single mothers are unanimous when they criticize the work culture as it restricts them to meet their social responsibilities. While majority of the Indian companies have not come out with bold initiatives to pamper their talented women executives, the glass ceiling has been shattered in a few renowned companies who have wielded diverse strategies to boost the morale of their women employees. **(Mukherjee (2009))**

In today’s day and age, workplace flexibility is no longer just about women and child care, point out Indian women executives. Rather, it is more about enhancing the quality of life for all employees. Ms Rachna Aggarwal, CEO of Indus League Clothing, agrees that the work-life balance is an expectation that more men and women look for from a workplace. “I have

several of my male colleagues who look for flexibility of work because his child or mother is sick” she says. **(Prayag (2011))**

Unlike many men, women must also make the ‘Career versus family’ decision since the responsibilities of raising the children and managing the household still fall disproportionately on women. Balancing work and family life becomes a challenge for women. **Dessler (2006):362**

Empirical research has found that the most prevalent form of discrimination specifically directed against pregnancy occurs when employers do not reinstate female employees after they return from medical leave for childbirth. Employers are significantly more likely to fill the jobs of women on leave for child birth than for employees on leave for other medical reasons. **(Greer (2006): 112)**

Most women are career orientated. But getting back to work after a long break-whether it is because of marriage or a child-can be tough for them. **(Tanya (2011), 28 May 2011: 08)**

The first four Five Year Plans focused on organizing welfare activities for woman labour and eventually passed labour laws: such as the Factories Act, 1948 and Maternity Act, 1961 to protect them. The fifth and sixth plans focused on health, education and employment of women. The seventh plan made efforts to extend direct benefits to women by way of passing various laws while the eighth plan deliberated to empower women post liberalization. **(Jegadeesan (2008):3)**

The Government of India has undertaken several initiatives to provide support to working women. Some of this initiative is: Rajiv Gandhi National Crèches Scheme for the Children of Working Mother, Working Women’s Hostel with Day Care Centers. Several legislation has been enacted since Independence for the welfare of workers and women workers. These are: The Equal Remuneration Act, 1976, The Minimum Wages Act, 1948. The Employees State Insurance Act, 1948. The Maternity Benefit Act, 1961 (Amended in 1995).

Women have to perform several roles in their families. These roles include being a spouse, caretaker and parent; managing daily household chores; and providing services to the community and society. Women also must take care of their own health and other personal

activities, which are often neglected because of role overload as well as time limitations. All of these situations lead to the absence of Work Life Balance. The demands originating from the work and personal life of women are quite often mutually exclusive, rendering it very difficult to strike a balance between the role demands.

Family: It is an interesting to note that majority of women employees are married; obviously pointing to trend that financial and emotional support is required not only to ensure success, but also to provide meaning to life. Strong family relationships are the foundation for most career women and they form great role models for their children and social network. All relationships need nurturing with time, love and a constant effort to fulfill needs and expectations. Happy healthy individuals have happy and healthy relationships and this then spills over into their work.

Work: “When you’re passionate about what you, do, would rather give their business to you than to your competitor,” explains Richard Nelson Bolles, author of the bestselling book ‘What Color is Your Parachute?’ The intrinsic feminine qualities of multi-tasking, networking, and communication results in a workplace which motivates and empowers. Their more worker-friendly policies boost morale and lead to less turnover, less absenteeism and higher productivity. A supportive circle of family and friends is the platform available to seek advice and assistance and a major factor in the success of women employees.

Once they move beyond the self and family, women employees find that their playing field encompasses the community and they have the power to make a difference and leave a legacy of positive change in the world.

Conclusion:

In this chapter Researcher taken review on working women from secondary data. In next will get the idea of Pharmaceutical Industry

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CHAPTER VI

REVIEW OF PHARMACEUTICAL INDUSTRY

6.1 Concept of Pharmaceutical Industry

The ideal of a properly organized pharmaceutical industry in any country should be to maximize the supply of drugs and minimize the cost to the consumer. **Wyandham (1967): 168**

The pharmaceutical industry as seen by the consumer is the group of firms manufacturing and distributing medicines in finished forms such as ointments capsules, tablets and syrups. The industry as seen by the producer performs the following manufacturing and processing activities:

1. Bulk manufacture of synthetic organic chemicals such as vitamins, antihistamines, diuretics and sulphonamids. These, often complex, substances include many different classes of drugs.
2. Bulk manufacture by fermentation, synthesis or both of antibiotics such as penicillin and culture streptomycin, which are normally made by the culture of micro-organisms, followed by their extraction and purification.
3. Preparation of sera and vaccines by micro-organism culture and the extraction and purification of the antibodies or antigens which are formed.
4. Production from naturally occurring animal or vegetable sources of drugs such as insulin, hormones and morphines.
5. Processing of bulk drug into finished forms such as tablets, capsules and ointments.

The advertising of ethical drugs is restricted primarily to the medical profession. They are generally available to the public only if supplied by a pharmacist authorized by a doctor's prescription. A further important, distinction between ethical and non-ethical or proprietary medicines is that the latter tend to have low research content and a long product life. Ethical drugs, on the other hand, tend to be relatively short-lived and are usually products of a comparatively high degree of research effort. **(Duncan, (1975): 1, 2)**

Pharmaceutical companies are facing some challenges in the market as follows:

1. Commitment of Sales Team —

Company can achieve their goal by sales team. To get the right candidate, company may face difficulties at initial stage. Further their retention is again a problem. The candidates working as medical representatives (MRs) with a newly launched company are not confident of their future career. Many of the representatives join the company for getting exposure and to strengthen their resume for an established company, and launching their career in pharmaceutical sales. So they switch the company within six months to a year. However, there are few medical representatives who consider working with a company as an opportunity to perform and grow faster. To develop committed sales teams, the company should provide an environment where the entire sales team could develop a similar feeling towards sincere and committed work.

2. Availability of Products —

For getting success product availability is major concern for a company. If the product is not freely available chemist can give substitute because there are other options that are already available for every product in the market, unless it is highly specific. To make the product available everywhere regular visits, development of rapport and liquidation of stocks from every point is required. To promote the product companies must take care of the product availability at least at the chemists located near to doctor's clinic.

3. In Clinic Performance of Medical Representatives (MR) —

After developing a committed sales team and making products freely available; next step for the company to develop in-clinic performance of the team. Everyday a doctor faces around 10-20 Medical Representatives and it is the Medical Representative's in-clinic performance that makes him/her stand out. Many new companies make MR learn the product details by heart, so MR are not able to draw the attention of doctors and they just become a part of the mob inside a clinic. To draw and hold the attention of doctors and convert them into a valuable customer, Medical Representatives must get proper training.

6.2 Origin and History

The saga of pharmacy began when man first applied herbs to relieve pain/ dress wounds. From this initial step followed the blending of different herbs with each other or with chemicals. **(Duncan (1975):1, 2)**

The pharmaceutical industry is the world's one of the largest industry due to worldwide revenues of approximately US\$2.8 trillion. Pharmaceutical industry has seen major changes in the recent years that place new demands on payers, providers and manufacturers. Customers now demand the same choice and convenience from pharmaceutical industry that they find in other segment. Indian Pharmaceutical Industry is poised for high consistent growth over the next few years, driven by a multitude of factors. Top Indian Companies like Ranbaxy, Dr. Reddy's, CIPLA Lupin Laboratories, Sun Pharmaceutical and Zydus Cadila have already established their presence. **(Prathap and Micheal, 2005:2)**

6.3 Marketing in Pharmaceutical Industry

Marketing, by which is meant how doctors can be informed of the compound's value in treating a particular disease, it's undoubted or marginal advantages over present treatments, it's potentiality for volume manufacture, its own chemical stability and that of its pharmaceutical preparation in storage on druggists shelves or in use, its packaging, the marketing policy to be adopted according to likely sales in the face of competition. **(Wyndham, 1967: 42)**

The various approaches used for marketing in Pharmaceutical Industry are as follows:

1st Approach- Advertising in professional journals

Very few doctors have time to keep abreast of their reading of the professional journals. If they have no time to read the editorial pages, it is even less likely that they will be able to study the advertisements.

2nd Approach- Direct mailers

Therefore other ways have to be found for drug manufacturers to make their impact upon doctors' i.e. medical representatives and direct mailings. A few years ago doctors had legitimate complaints to make about the dodges used by a few unscrupulous firms, to ensure that their direct mail advertisements were not thrown straight into the waste-paper basket. They sent out this material in good quality hand-written envelopes so implying that it was of personal nature. This did at least ensure that it was opened and glanced at. But such dodges rapidly boomeranged upon the promoters as doctors were quite naturally angry at being tricked in this way.

3rd Approach- Medical Representatives

The 3rd Approach to doctors is by means of medical representatives. Because of the personal contacts they maintain these representatives are perhaps the most important link between manufacturers and doctors. Most representatives are pharmacist some are actually medically qualified or have studied medicine for a time. All receive technical training and are taught that their position is not that of door to door salesman who happens to be traveling in drugs. The emphasis is not upon the quick persuasion of doctors to prescribe their firms products but to indicate their quality in the process of building up goodwill over a number of visits. **(Wyndham (1967): 101, 102)**

6.4 Pharmaceutical Industry in India

The Indian pharmaceutical industry currently tops the chart amongst India's science-based industries with wide ranging capabilities in the complex field of drug manufacture and technology. The Indian Pharmaceutical industry (domestic, import and export) as per Market PublishersForecast, is valued at USD 27.4 Billion. It is growing steadily at a CAGR of 10+ %. The industry is typically involved in four types of businesses- production of branded medicines, production of branded generic medicines, product of unbranded generic medicines and production of active pharmaceutical ingredients which are used as ingredients in medicines. **(Desai (2014): 6)**

The Indian pharmaceutical sector has expanded drastically in the last two decades. The Pharmaceutical industry in India is an extremely fragmented market with severe price competition and government price control. There are approximately 300 big and medium scale Pharmaceutical companies and about 8000 Small scale units, which form the core of the pharmaceutical industry in India. **(Mishra (2009), 4(9): 206)**

The Pharmaceutical industry in India meets around 90% of the country's demand for bulk drugs, drug intermediates, pharmaceutical formulations, chemicals, tablets, capsules, orals and injectables.**(IJPLS, 1(3):133-140 Pandey, July, 2010)**

Typically, a pharmaceutical company (Research Pharmaceutical Company) spends around \$800 million over 12 to 15 years to bring a single new drug into the market **(Pharmacology Online Newsletter, 2013:1 – 10).**

Recent studies indicate that 1 out of 5000-10,000 compounds synthesized during applied research eventually reaches the market. Other estimates indicate that of 100 drugs that enter clinical testing phase 1(3), about 70 complete phases I, 33 complete phase II and 25-30 clear phase III. Only two-thirds of the drugs that enter phase III are ultimately marketed **(International Journal of Social Science & Interdisciplinary Research, November 2012:1[11], ISSN 2277 3630)**

In Indian context, a pharmaceutical company would need to launch at least four drugs every year, in order to maintain their growth. Considering the fierce competition in Indian Pharmaceutical sector, high R and D cost, the Product patent in vogue, less availability of physician's time for Pharmaceutical company medical representatives, pharmaceutical companies in India have to fine-tune their marketing efforts to boost sales.

India has one of the biggest numbers of pharmaceutical companies in the world. India has more than 20000 registered pharmaceutical companies. Many complex operations are part of day-to-day activities in this industry. Moreover, many geographical, linguistic and cost effective advantages of India made many overseas companies set their operations in India. (Talgeri, 2002: 8)

6.5 Marketing of Pharmaceutical Products in India

The pharmaceutical companies all over the world have been using well tried and time tested promotional strategies that have proven results. However, the rising cost of drug development and shortened product lifecycles have forced the companies to examine newer ways of creating innovative promotional strategies to maximize revenue potential for their brands. The cost and limited success of traditional marketing methods has been the major reason for the companies to look into alternative marketing strategies world over. Various challenges faced by the pharmaceutical marketers are:

- With increased patient load, doctors are busier
- There is an explosion of new and useful information
- Doctors are receiving more calls from pharmaceutical sales representatives and though the calls are typically for just two to three minutes, many doctors are refusing to meet or speak to pharmaceutical representatives.

The changing scenario in Pharmaceutical marketing reflects three times growth in next decade plus the Indian Pharmaceutical Market in special, is ranking 14th in world market. **(Kiranshanker, (2006): 1)**

This aspect underlines the importance of the study of management of Medical Representative. The following details related to the changing scenario and world market position explains the importance of the subject.

Pharmaceutical marketing deals with medical professionals and C and F agents, stockiest/ distributors/ retailers. For marketing different pharmaceutical products companies require more and more skilled field force. To convince doctors for their products field force must have good product knowledge. In this system, doctors are the core customers and the major thrust is given to build and retain these customer because they are pulling the demand for products hence companies also give main emphasis in building and retaining these customers.

Generating secondary sales is the major task for the field force which is the sale from stockiest to retailer. Maximum liquidation of the products is the main characteristic of this approach. For retaining and developing customers, the companies normally provide gifts like sponsorship for various conferences like APICON (Association of Physicians of India Conference, RSSDI (Research Society for the Study of Diabetes in India), FOGSI (Federation of Obstetric and Gynecological Societies of India) etc. Pharmaceutical companies have provided, and still provide, the major economical support for customers' continuous medical education. Sometimes they were also mixed with CSR (Corporate Social Responsibility) activity sponsorship like free health camps, diabetic camps etc. Pharmaceutical industry is a growing industry for all time. So this field requires specialized sales personnel for increasing the effectiveness of its products.

A person who is engaged in selling of goods to customer is known as a "salesman". It is generally said that salesman are born and not made. However, it is not true these days, because any person who wants to adopt a sales profession gets intensive coaching and training. The success of a firm mainly depends on the performance of their sale force. Therefore, it is essential to engage well-qualified, trained, energetic and young person's as the company's sales force. The salesman in Pharmaceutical industry is called as Medical Representative.

Medical Representative called as backbone for the Pharmaceutical marketing. They have been given different territories from the company. As per company norms Medical representatives meet doctors, chemists and stockiest. They try for the conversion for their brand and try to influence prescription pattern of doctors.

Doctors and retailers are the core customers. They have to take care for retailers also, because if their product inventory is not sufficient or retailers have good relation, with other company representative, then he can substitute the product. For retaining and developing customers, the companies normally provide utility gifts to remind the products on daily basis.

(Karajgikar, (2010): 169, 170)

6.5.1 Importance of Marketing

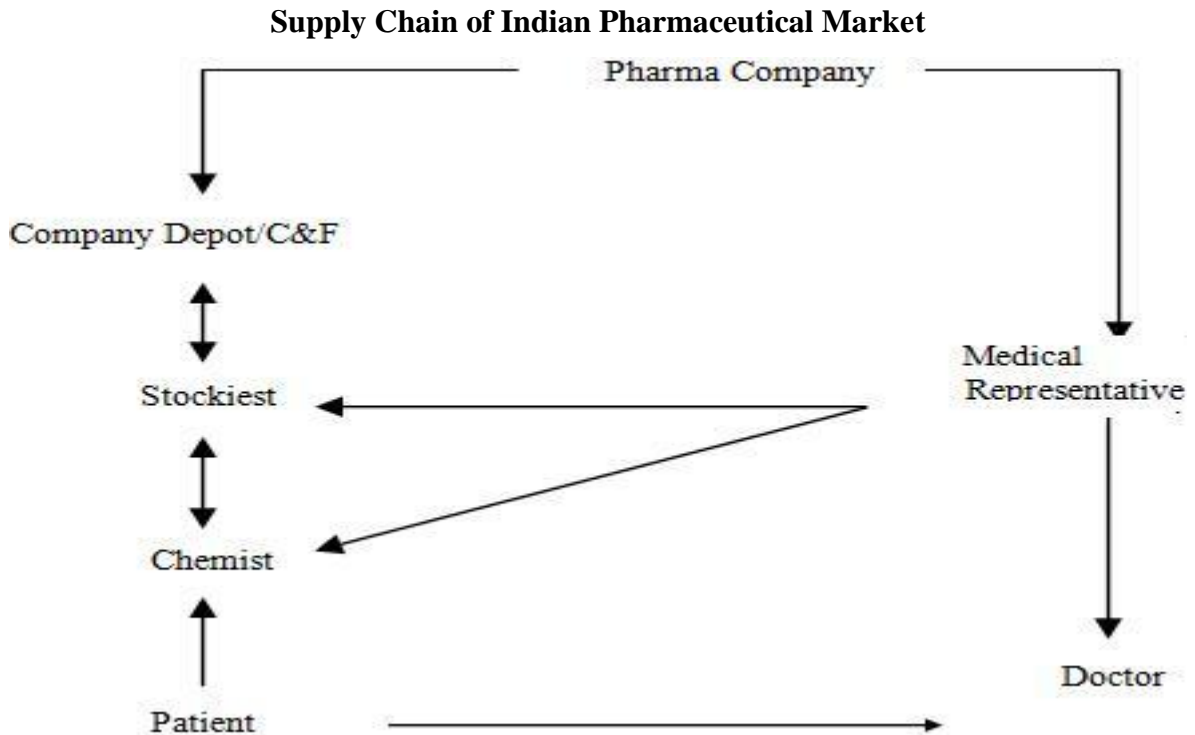
Marketing is an organizational process which involves communication, media management, positioning, promotion, influencing, and value delivery.

Marketing increases the market penetration of product. Healthy marketing competition is a must to ensure efficiency and effectiveness. Which are vital for the nation's health and wealth.

To carry out daily sales and marketing activities in the field pharmaceutical company employs a very large number of field forces. Majority of this field force is away from the head office. This makes ethical pharmaceutical marketing a classic example of complex brand marketing.

Pharmaceutical marketing is an "indirect selling." Because the customers are highly qualified i.e. doctor who needs scientific and logical explanation about brand before prescription.

6.5.2 Drug Distribution and Management



(Talgeri and others, 2002:3), (ICRA, 2004: 6)

Pharmaceutical sales and marketing deals with doctors as well as patients.

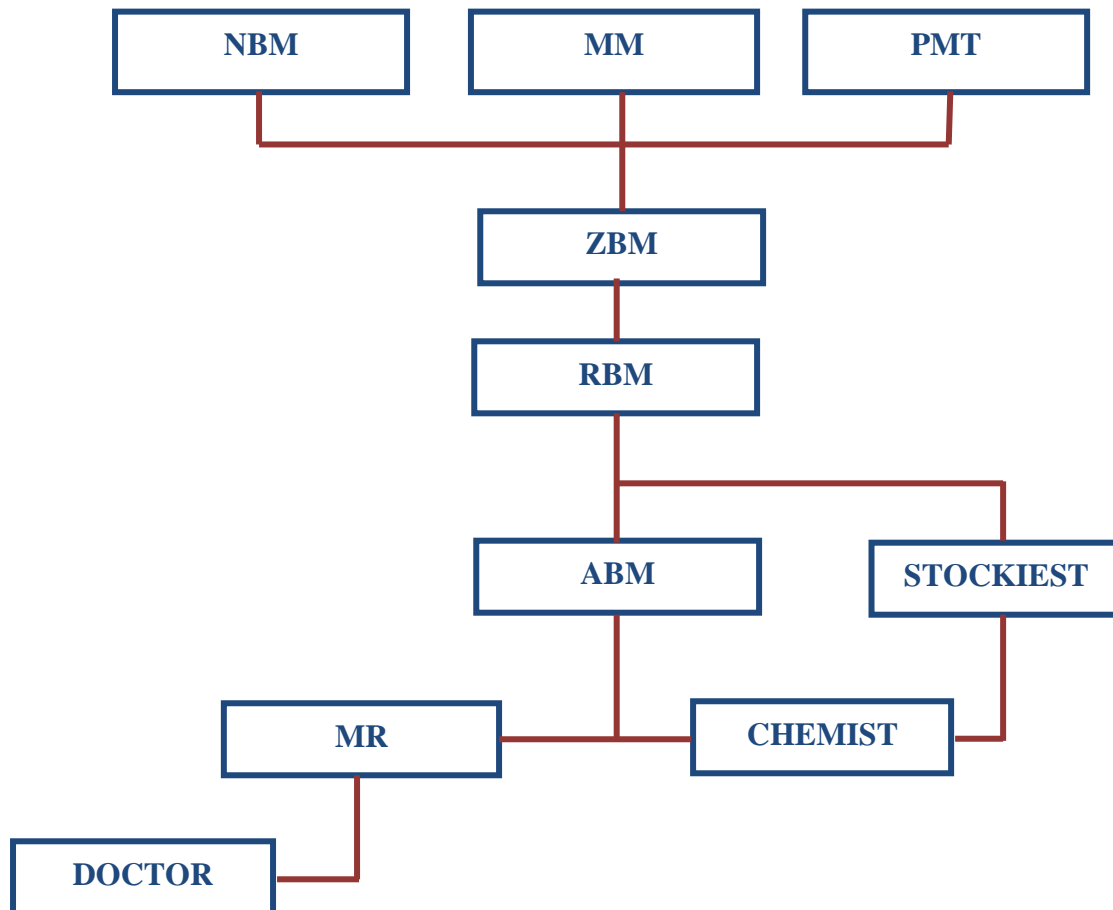
There are three channel members in Pharmaceutical distribution i.e. depot/C and F, stockiest and chemist. Pharmaceutical companies appoint one company depot or C and F agent usually in each state and authorized stockiest in each district across the country. Company depot/ C and F send stocks to appointed stockiest as per the requirement. Chemists (Retailers) buy medicines as per demand on daily or weekly basis from authorized stockiest. With doctors prescription patients visit chemists for buying medicines. (Dogra Sapna, 2006: 2)

When doctor gives prescription to the patient then patient purchases medicines from the chemist. The chemist purchase medicine stock from distributor (Stockiest).

Between the Company stockiest and the Retail Chemist, there may be two or three more levels of Wholesalers or sub stockiest.

In this pharmaceutical sale the doctor is a center point through which all sale operations takes

place. If the doctors switch to other product or he decides not to support then the company has to concentrate on the other doctor and many more. Therefore, the company must take care and maintain the relations with the customer. So companies have separate department i.e. Customer Relations Departments (CRD) to take care of the same.



NBM= National Business Manager

MM= Marketing Manager

PMT= Product Management Team

ZBM = Zonal Business Manager

RBM – Regional Business Manager

ABM = Area Business Manager

MR = Medical Representative

Every level of the pharmaceutical field force has its own responsibility and functions. The medical representatives create demand for the companies brand by visiting doctors and chemists. This demand has to be en-cashed by keeping adequate stocks at the stockiest.

Front line managers i.e. Area Business Manager physically work with MR of their team. They guide and assist their team members. They also ensure stock availability at all distributors. So Medical Representative can get orders in time.

The middle management performs a dual role of working with the medical representatives and managers, so motivating them to perform better and increase sales. They are also responsible for the profitability of their respective teams.

Senior managers at head office like National Business managers and Marketing managers, along with the team of product managers are accountable for the overall business turnover and profits of the national operation of the company.

6.6 Medical Representative

6.6.1 Job Description

In between medical and pharmaceutical companies and healthcare professionals Medical sales representatives are a key link.

They make awareness about their products to clients. So customer will use their company's products. They work in a specific geographical location, and usually specializing in a particular product or medical area. They may also make presentations and organize group events for healthcare professionals.

6.6.2 Job Opportunities

The pharmaceutical industry is among the largest, most stable, and fastest growing businesses in the entire world.

This field has great opportunity for growth with excellent salary package. This field offers great benefits with flexibility. Clinical treatment of illness in hospitals with an aging population, and the people seek a good quality of life as life expectancies continue to increase, these are some of the factors affecting the growth of the pharmaceutical sector.

The pharmaceutical salesman's job is also seen as somewhat prestigious. "A pharmaceutical

sales representative sells a technologically advanced product to highly intelligent physicians in a very professional environment," writes pharmaceutical sales recruiter Pat Riley, summing up the field's appeal. Riley is author of several e-books on how to break into pharmaceutical sales.

Bachelor of Pharmaceutical and Science graduates look forward for good experience along with, which they can grab further opportunities in Product Management Department on higher position. Pharmaceutical employers frequently need those with at least two years of sales experience. Candidates with a healthcare or clinical background may have a chance. A strong record of accomplishments is also important.

Requirements for the good Medical Representative:

- Medical representative should maintain product knowledge, market and competitors strategies.
- By using selling material as well as communication skills in proper way they can get commitment from customers
- They must be punctual for submission of the reports (expense statement, monthly tour plan) and their other duties as required.
- Basic degree required on priority are B. Sc. And B. Pharm
- It is advisable to select them young, usually between 21 and 25 years
- Pharmaceutical sales experience is additional quality
- Must have a valid driver's license and willing to travel
- Fluent in oral and written English and regional language
- Communications are timely, clear, effective and appropriate for audience
- Express ideas and opinions openly and constructively
- Take the time to actively listen; obtain understanding of communication through feedback
- Maintain logic and clarity in pressure situations
- Decisions are timely and based on logical assumptions and factual information
- Should possess initiative and strong motivation to achieve extraordinary results.
- Should be career conscious and willing to work hard.
- Be energetic and result-oriented.

- Should have a pleasing personality and analytical abilities.

Above all, should display self-confidence. (<http://www.amityedumedia.com/biotech-issue-22.htm>)

6.6.3 Typical Work Activities

In any setting, the process of selling involves contacting potential customers, identifying their needs, persuading them that your products or services (rather than those of competitors) can best satisfy those needs, closing the sale by agreeing the terms and conditions, and providing an after-sales service. Medical sales representatives do all of this and more.

In particular, typical work activities include:

- Arranging appointments with doctors, pharmacists and hospital medical teams
- Making presentations to doctors, practice staff and nurses in GP surgeries, hospital doctors, and pharmacists in the retail sector. Presentations may take place in medical settings during the day
- Organizing conferences for doctors and other medical staff
- Building and maintaining positive working relationships with medical staff and supporting administration staff e.g. receptionists
- Managing budgets (for catering, outside speakers, conferences, hospitality, etc)
- Keeping detailed records of all contacts and reaching annual sales targets
- Planning work schedules and weekly and monthly timetables. This may involve working with the area sales team or discussing future targets with the area sales manager. Generally, medical sales executives have their own regional area of responsibility and plan how and when target health professions
- Regularly attending company meetings, technical data presentations and briefings.
- Keeping up with the latest clinical data supplied by the company and interpreting, presenting and discussing this data with health professional during presentation.
- Monitoring competitor activity and competitors products
- Staying informed about the activities of health services in a particular area.

Working with team managers to plan how to approach contacts and creating effective business plans for making sales in a particular area. (**USV Ltd. Circulation Literature, 2010**)

Doctors are very busy. Hence medical representatives are source of information about new drug for them. So doctors considered representatives the most valuable source of information from pharmaceutical firms. In the discussion with doctors they get valuable guidance. They can get different ideas about their presentations as well as the information about the existing drug of the other brand. Furthermore, the doctor often finds that the representatives can pass on the experience of other doctor. Frequent visits will help them to be familiar with the customer.

Pharmaceutical sales representatives are required to read scientific training material. Scientific background is not necessarily required but it is helpful. If you don't have an aptitude for science, or don't like science this job will not be fun.

The pharmaceutical companies are finding it difficult to recruit and train good medical representatives. Because of the high sales pressure and intense competition retention is difficult for companies.

Apart from marketing a product, the medical representative has to give feedback from the field to the company which he represents. Usually the feedback should include the following vital points:

1. Customer's perceptions regarding products.
2. Customer's complaints about products.
3. Distinctive strengths and weaknesses of competing products and services.
4. Price and credit policies of competitors.
5. Future plans of competitors.
6. Competitors' performance in relation to sales volume, reputation financial soundness, research activities etc.

All these skills require regular practice to be perfect. But it is important to adopt other steps which make an instant effect. When a fresher starts working in the field even after training her/him, bears number of inhibitions which prevent them from making an effective sales call.

(Panacea Biotech, 2011)

6.6.4 Collective Bargaining in Pharmaceutical Industry

The medical representatives in India and over world are not exception to the collective bargaining and to protect their interest. They have their trade union associations company wise and also have federation of all their associations. The following brief presents the scenario of the trade unions federations. They are very well united and well organized.

Most of the pharmaceutical companies in India have their medical representatives union. It could be an internal or external union. For a pharmaceutical company to manage their field force is to also manage their unions well so as to have a harmonious field working relations which will ensure smooth working and achieving the set sales targets. Keeping the same in mind, the following information throws light on national medical representatives union body i.e. Federation of Medical Representatives Association of India (FMRAI) and role of FMRAI in bargaining with pharmaceutical industry.

- **Federation of Medical Representatives Associations of India (FMRAI)**

FMRAI was first formed at Hyderabad in 1962 where it aimed to improve living conditions of the Medical Representatives. It has traveled a long way in building itself as real trade union body.

Federation of Medical Representatives Associations of India (FMRAI) represents the trade union strength in Indian pharmaceutical sector. With over a lakhs of members who are the backbone of Indian drug marketing and a structured organizational set up of 304 local units.

Few pharmaceutical companies have their internal union of Medical representatives which may or may not be attached to FMRAI.

FMRAI demanded to the government to recognize the medical representatives as workmen by clearly defining in the Trade Union Act. It was a lengthy struggle. In 1976 when the democracy of the country was shadowed under state of emergency, a law was enacted as Sales Promotion Employees' (Conditions of Service) Act which was applicable to those medical representatives whose monthly earning was only Rs. 650 per month. This deprived a vast number of medical representatives out of the preview of the Act. FMRAI demanded the

government to remove the wage ceiling from the Act. Meanwhile, FMRAI in its conference in 1978 included sales representatives of other industries also and demanded to the government to extend the benefit of the Act to sales representatives of all industries.

The government ultimately removed the salary ceiling for the Medical and Sales Representatives who are legally known as Sales Promotion Employees. But the government agreed to extend the benefit of the law only for 11 industries which FMRAI did not agree. In India, enactment of Sales Promotion Employees (SPE) Act, took place in 1976, by the central government. **[The Sales Promotion Employees (Conditions of Service) Act, 1976 (No. 11 of 1976) [25th January, 1976]**

FMRAI formulated a 27 point common charter of demands which consists of not only extension of benefits of all labour laws for the field workers but also demands for the people on medicines.

Nearly 40 large companies including multinational drug companies have recognised FMRAI as trade union for their field workers and regularly signs wage agreement. Regular meeting on day to day grievances of the field workers is also held with these companies. In regional level, some smaller companies also recognise FMRAI through its zonal committees.

FMRAI has become the only national organisation for the field workers in the country having functioning centres known as local units in 300 cities and towns of the country. Its membership has reached nearly 40,000. FMRAI associates its activities with several central trade unions of the country and its members participate to the national programme when jointly called by the central trade unions. FMRAI has also joined All India People's Science Network (AIPSN) which is a national organisation for science movement. AIPSN actively work in the areas of health and pharmaceutical. Jointly with AIPSN and with its own initiative, FMRAI has campaigned for a Rational Drug Policy. FMRAI is considered as an important policy critic on pharmaceuticals policy of the government FMRAI in the states actively worked with health action groups and local branches of Indian Medical Association, convened seminars, conventions and other campaigned in different occasions. FMRAI also held number of national seminars at New Delhi along with doctors, scientists, and economists. FMRAI has several publications on the health and drug situation of India. It is the only national trade union which observed nationwide strike against attempt of changing the patents act.

FMRAI publishes its organ 'FMRAI News' every month which has a circulation of 25,000 each issue. (<http://www.fmrai.org>)

6.7 Profile of a Medical Representative

Pharmaceutical company survives on the sales of its products which it is manufacturing. So recruitment of the Medical Representative is required task. They boost the sales. They are appointed by private and public sector pharmaceutical companies.

In order to promote the sale of medicine, a medical representative has to contact physicians, hospitals, nursing homes, druggists, stockiest etc. in specified areas to introduce medical products of their company to promote sales. Medical Representative required planning daily visits to doctors, hospitals, nursing homes, chemist shops, etc. in their area. He/she is required to introduce to physicians and others, medical products of his company and to explain their merits. He/ she is required to follow up his/ her visits to induce clients to prescribe his company's products to customers.

Medical Representatives are required to maintain proper record of receipt and distribution of samples which is open for inspection by their Area Manager. They offer credit facilities, commissions, etc. to the customers as authorized by their company. They books orders and forwards them to the controlling office for compliance. He/She submits daily reports of his/her canvassing activities to the Area Manager and gives suggestions for improving sales. They are responsible for collection of payment. The Medical Representative will accept introduction of new product by the company and fully cooperate in making it a success. A Medical Representative is allotted a specified sale target to achieve in a year within a specified area. His/ her success is assessed on that basis.

The job is quite lucrative but demanding and the aptitude of a person counts a lot in this career.

Medical representative required to dress in a neat and presentable manner. While on duty, a Medical Representative is required to carry a detailing bag and keep it in good condition all the time. The bag should normally contain literature, samples, sales-aids, diary, etc. required

for the planned work of the day. The Medical Representative is required to complete his diary, daily so as to keep a record of his daily visits to doctors/chemists/stockiest etc.

After selection, a medical representative is generally given special skill development training. Theoretical training is provided on anatomy, physiology, pharmacology, salesmanship, profile of Indian doctors, market, and product knowledge followed by field training in which he is familiarized with selling techniques. During field training, a fresher is supposed to work with a senior Medical Representative or field manager, who, in turn, demonstrates the practical aspects of the job.

A medical representative can make a very promising career in pharmaceutical marketing on the basis of his sales performance and ability to manage customers. His sales performance is assessed on the basis of his ability to achieve targets fixed by the company.

He can rise to the posts of:

- (i) Area Manager
- (ii) Regional/ Zonal Manager
- (iii) Divisional Sales Manager/ Divisional Controller
- (iv) Marketing/ Sales Manager

Promotions to the next higher positions are purely on merit. Those having a degree in Pharmaceutical can also be promoted on the manufacturing side as

- (i) Product Manager,
- (ii) Group Product Manager,
- (iii) Marketing Manager.

A Medical Representative who has a flair for marketing and can show extra-ordinary results can rise to the highest position of Marketing Manager.

<http://www.amityedumedia.com/biotech-issue-22.htm>

MR should get proper training. A training programme organized by the company, will help him get oriented to the product and its benefits, and also how to market it in perfect way.

There are many things that need to be taken care of while conducting such a typical training

module. First of all, the appropriate participants must be identified and invited. New recruits and even medical representatives who have been in the field for some time, but will benefit with training can be invited for the session. The duration of the module will depend on the number of products that are to be explained and marketing skills which are to be taught.

Care must be taken to see that the participants are invited early so that they can book their tickets and keep themselves free for that stipulated period. It should be ensured that the dates for the programme do not clash with sales closing days as this may have a direct impact on sales closing. The Training Manager should be the overall in-charge/ coordinator for the training programme. On one day during the session, preferably a Sunday, the participants may be taken to a scenic/tourist spot nearby. The break will charge them up considerably. They may also be taken for a tour of the manufacturing unit of the company so that confidence is instilled in them about the standard/quality of manufacturing of the products that they are promoting.

Time must be slotted on all days for the Training Manager to take short sessions on selling and marketing skills, the Dos and Don'ts of the trade, communication skills and so on. If at any point of time, it is felt that representatives are losing interest in the programme they can be asked to take part in small games or interesting puzzles. It would be best, if such short breaks of around 10 minutes can be given frequently throughout the programme.

Every training programme should have at least one session every day regarding the work involved in the sales administration department, distribution department and personnel and human resource development department. Ideally, these sessions should be held towards the latter half of the day. Thus the representatives will get an idea of how to fill up various reports, deadlines for submission of various reports, incentive schemes in force, travel policies and so on. **(Karajgikar (2010): 225, 227)**

There are 5 to 6 medical representatives working under control of area manager. They work at specific area allotted to them. Accordingly it is must to collect information and regular monitoring of field activities and working of medical representatives as per the approved monthly tour plan. Regular reports make the working of MR in desired direction. Reports are used by the top management for planning, review, controlling and coordinating the working of MR.

6.7.1 Budgets (Sales Targets)

Company sets targets for next financial year. These targets set by the top marketing management team at Head Office. Last three years product wise, unit wise and value wise performance is considered for this sales budget preparation.

The budget can be prepared by making use of following standard formats.

Figure 6.1
Products wise Sales Projections- 2008-09

Name of ZBM: _____ HQ. _____

Product s	Pac k	Net Pric e	Months of the year commencing from the financial year i.e. April to March											Total 2008- 09	Growt h	
			A pr 0 8	M a y 0 8	J u n 0 8	J u l 0 8	A u g 0 8	S e p 0 8	O c t 0 8	N o v 0 8	D e c 0 8	Ja n 0 9	F e b 0 9			M a r 0 9
A	300 MI															
B	100 MI															
C	15 MI															
D	100 MI															
E	15 MI															
Total Units																
Total value (Rs. lacs)																

The above format gives product wise, month wise, sales projections for the next financial

year which is 2008-09 as an example for preparing the budget. This is a standard format which can be used for such budget preparation. However it may differ slightly as per the needs of the company.

Figure 6.2
ZONAL BUSINESS MANAGER
MONTHWISE SALES PROJECTIONS 2008-09
BUDGET 2008-09

Value in lakhs

Area Manag er Name HQ	Actual									Projections			Tota l 2008 -09	Tota l 2007 -08	Growt h %
	Ap r 08	Ma y 08	Ju n 08	Ju l 08	Au g 08	Se p 08	Oc t 08	No v 08	De c 08	Ja n 09	Fe b 09	Ma r 09			
Total															

The above format is forwarded from zonal manager to all area managers. As normally the budget exercise commences in December and ends by March in all respects and prepares the sales personnel for the next financial year. The actual sales occurred from April to December is been taken and the projected sales for Jan, Feb, March are predicted based on the last three to five years sales trend which prevents from going wrong in the projections.

The above format gives the month wise, area wise, sales projections and also gives the % growth which has been projected. Normally the growth rate of any pharmaceutical company ideally should not be less than the average Indian Pharmaceutical Market Growth.

(Karajgikar (2010): 187- 191)

There are reporting systems available in pharmaceutical company i.e. Paper-based reporting system or Online reporting system. This is the only mode of communication between company head office and the field force. This reporting is compulsory for all field force. In the paper based reporting the delay in postal or courier services can raise the difficulty. In addition, the reports are prone to human errors at every level. This conventional process is time consuming. So nowadays effective reporting system which is based on speed, accuracy, clarity and cost effective is used. Mobile and Internet are the best options which are carried out.

Following reports are specimen reports however; some small changes are affected by the pharmaceutical companies as per their requirements.

Some format is to be maintained by each medical representative as follows:

**Figure 6.3
MASTER CALL LIST**

Doctor's name and Address	Degree/ Specialty	Products Selected	Dates of visits and samples/ gifts/ leave behind literatures etc. distributed												Products prescribed and no. of Rx. Per month			
			A	M	J	J	A	S	O	N	D	J	F	M				

The above format is to be maintained by each medical representative and to be updated every month based on the doctor visits and promotional campaigns undertaken. This format also gives information about doctor's telephone number, E-mail Ids and date of births.

Figure 6.4
Chemists List

Name: _____

H.Q. _____

Sr. No.	Name of the retailer	Town/ Area	April		May		June	
			Date	POB	Date	POB	Date	POB

POB= Personal Order Booking

Note: In POB column, please indicate rupee value only

The above format is an illustration. In practice the format covers all the months of the financial year.

Medical Representative has to meet chemists nearby the doctor’s clinics along with doctor’s call. They get the information about doctors prescription habits. They also come to know about their own products prescription generation happened or not. They can check the availability of the product. With this information they can prepare for their in clinic performance. Also they can solve the expiry problem along with can take the POB to make

the product availability.

Figure 6.5

Sales review and my work review

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target (Rs. Lacs)												
Primary Sales (Rs. acs)												
Secondary Sales (Rs. Lacs)												
Total no. of days worked in the month												
No. of days on leave												
Total no. of Doctor Calls												
No. of Dr.'s Missed calls												
No. of Chemist call												
No. of Missed calls												
No. of Retailers met												
P.O.B. Rs.												

The most important aspect of the pharmaceutical marketing is to achieve the targeted sales month after month. In order to review the sales performance above format comes handy giving the information about the month wise targets and the primary and secondary sales achievement against the same. Above statement also gives the valuable information about the goods returned from a stockiest to the C and F agents and form retailers to stockiest.

Reports filled by Medical Representative

- Daily call report
- Chemist list
- Doctor call list
- Standard monthly work plan
- Standard tour plan and area coverage
- Product wise prescriber's list
- Sales review and work review

- Primary sales comparative chart
- Secondary sales tracker
- Missed doctor calls summary-month wise
- Personal order booking details

(Khandekar (ABM-Panacea Biotech), 2011)

Conclusion:

In this chapter Researcher discovered the new era about the Pharmaceutical Industry. In next Researcher will analyze the facts found from the primary data.

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CHAPTER- VII

DATA ANALYSIS AND INTERPRETATION

7.1 INTRODUCTION

As stated earlier, primary data was collected through structured questionnaire and unstructured personal interviews of 110 respondents. In addition to the questionnaire the researcher had interaction with the various Field Managers and the Senior Marketing Officials at the corporate level from where relevant information has been obtained and assessed.

Questionnaire was divided into two parts

1. Personal
2. Job Related

7.2 PERSONAL INFORMATION

In Personal Information question were such as Name, Age, Qualification, Family background, Salary of respondent, Total Family Income, Marital Status, No. of Children, their view about work and family, their family life etc.

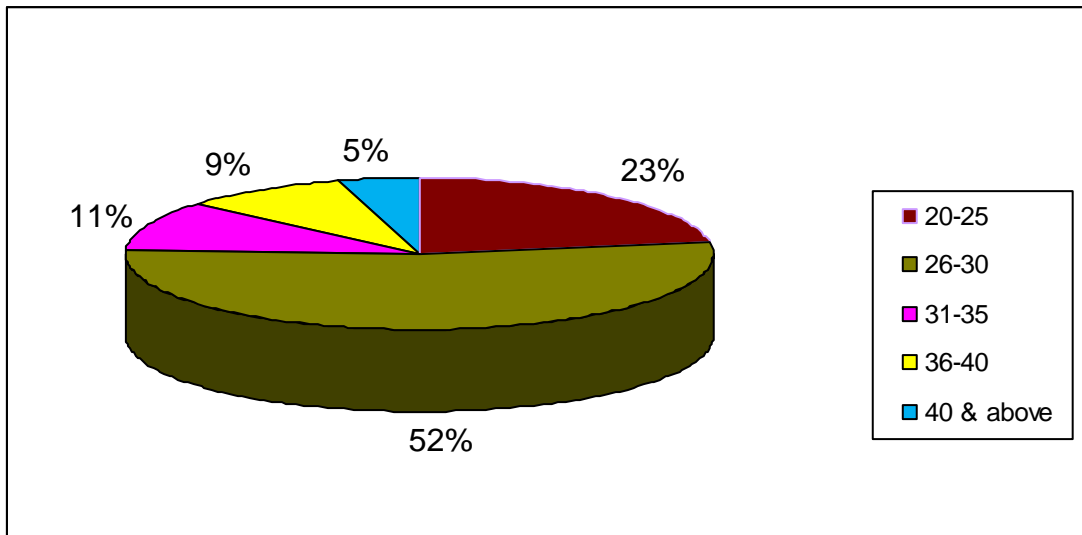
7.2.1 Age

Table No. 7.2.1
Age of Respondents

Age	No. of Respondents	Percentage
20-25	25	23
26-30	58	53
31-35	12	11
36-40	10	09
40 and above	05	04
Total	110	100

Source: Questionnaire

Figure No. 7.2.1
Age of Respondents



Source: Table No. 7.2.1

As per the above data, Researcher found that only 4 % respondents are above 40 years and 53 % women are from age group 26 to 30 years and 23% respondents are of age group of 20 to 25 years, whereas 11% and 9% respondents are from the age group of 31 to 35 years and 36 to 40 years respectively. As per the feedback of respondent, after certain age this type of extensive traveling job is quite impossible for women.

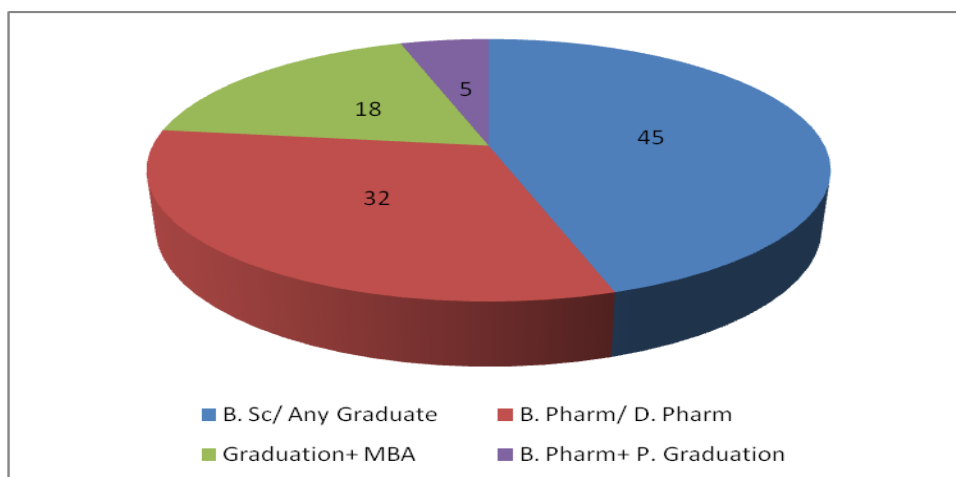
7.2.2 Educational Qualification

Table No. 7.2.2
Educational Qualification of Respondent

Qualification	No. of Respondents	Percentage
B. Sc/ Any Graduate	50	45
B. Pharm/ D. Pharm	35	32
Graduation+ MBA	20	18
B. Pharm+ P. Graduation	5	5
Total	110	100

Source: Questionnaire

Figure No. 7.2.2
Educational Qualification of Respondent



Source: Table No. 7.2.2

Among the sample, only 5% respondents are B. Pharm with Post Graduation, whereas 18% having Master in Business Administration and 32% are from bachelor and diploma holder of Pharmaceutical. Majority of respondents are other graduates i.e.45%

Fresher can join this field, in fact, this field always welcomes fresher but most of the pharmaceutical graduate women select a Production job which does not include field work.

7.2.3 Family

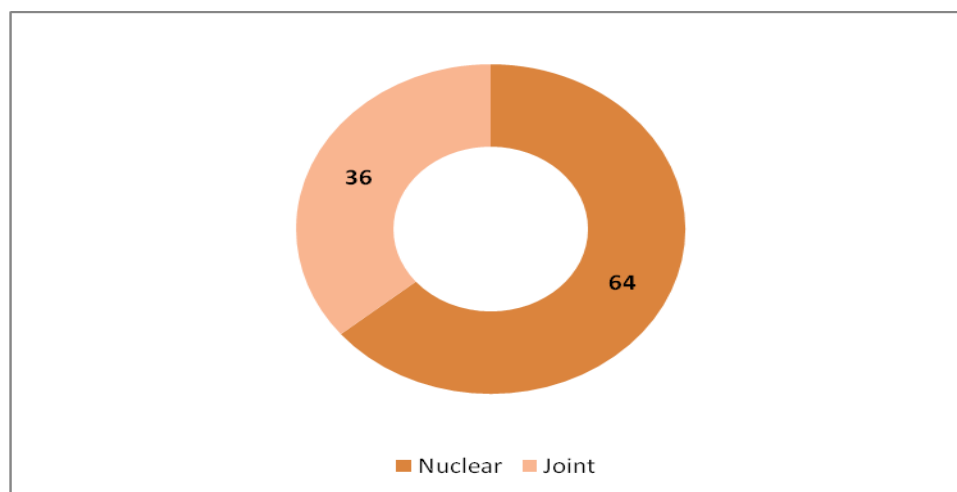
Table No. 7.2.3
Family Type

Family	No. of Respondents	Percentage
Nuclear	70	64
Joint	40	36
Total	110	100

Source: Questionnaire

Figure No. 7.2.3

Family Type



Source: Table No. 7.2.3

Data reflects that majority of the women are from Nuclear Family i.e. 64%. Remaining 36% are from Joint Family.

7.2.4 Family Member's Qualification

Table No. 7.2.4

Family Member's Qualification

Family Members Qualification	No. of Respondents	Percentage
Below 10 th	13	12
SSC/ HSC	54	49
Graduation	35	32
Post Graduation	8	7
Total	110	100

Source: Questionnaire

Data in Table No. 7.2.4 indicates that, majority of women are from qualified family i.e. 49%, whereas 12% and 32% are from below 10th and graduate family respectively. Only 7% respondent's family members are post graduates. This shows that higher educated family members are less in number. Qualified family members are more supportive.

7.2.5 Industry Level Salary and Perks

The gross salary package for a Medical Representative may amount to more than 20,000/- per month depending on the company profile, seniority etc. It differs to a great extent in Indian companies as well as in multinational companies. This gross salary package is excluding the incentives earned by a Medical Representative.

The Perks differ in different Pharmaceutical companies. Sales personnel have Daily Allowance (DA) as well as Traveling Allowance (TA). DA is ranging from Rs. 150/- to Rs. 300/- and TA is Rs. 1.50 to Rs. 2.50 per km varies as per company strategy. They get yearly performance based Increments and Incentives. Incentives could be Product based, Sales Target achievement based (Monthly/Quarterly/Annual).

Many companies also give Kit allowance, Petrol allowance, Telephone reimbursement, Postage/courier expenses etc. Necessary expense proofs need to be attached with the monthly expense statements and forwarded to HO after the approval from their immediate senior.

Many companies have Sales / Performance related incentives in the form of National or International tours with Spouse. These are motivational methods which help them to achieve their set targets.

Table No. 7.2.5
Salary Slab

Salary (Rs.)	No. of Respondents	Percentage
5000- 10000	10	9
10000- 15000	15	14
15000- 20000	30	27
20000 and above	55	50
Total	110	100

Source: Questionnaire

Data presented in Table 7.2.5 indicates that very few respondents i.e. 10 (9%) are earning between Rs 5000/- to 10000/- per month. Only fresher have to face the low salary in the beginning of their job. 15 respondents (i.e.14%) earning between 10000/- to 15000/- whereas

30 respondents i.e. 27% were earning 15000/- to 20000/-. Majority of respondent i.e.55 were earning more than Rs. 20000/- per month.

Out of 55 respondents only 9 were earning Rs. 41000/- to 50000/- whereas 28 were earning Rs. 20000/- to 30000/- and 18 respondents were earning 30000 to 40000/-. Lowest salary found is Rs. 8,000/- per month whereas highest salary is Rs. 48000/- per month.

7.2.6 Family Income

Table No. 7.2.6

Family Income

Total Family Income (Rs.)	No. of Respondents	Percentage
Below 40000	33	30
41000- 50000	40	36
51000- 60000	27	25
More than 60000	10	9
Total	110	100

Source: Questionnaire

According to the respondents very few respondents i.e.9% are from more than Rs. 60000/- per month family income group, whereas 25% and 30% are from 51000-60000/- and below 40000/- family income group respectively. Majority of respondent's i.e. 36% are from Rs. 40000- 50000 family income group.

7.2.7 Marital Status

Table No. 7.2.7

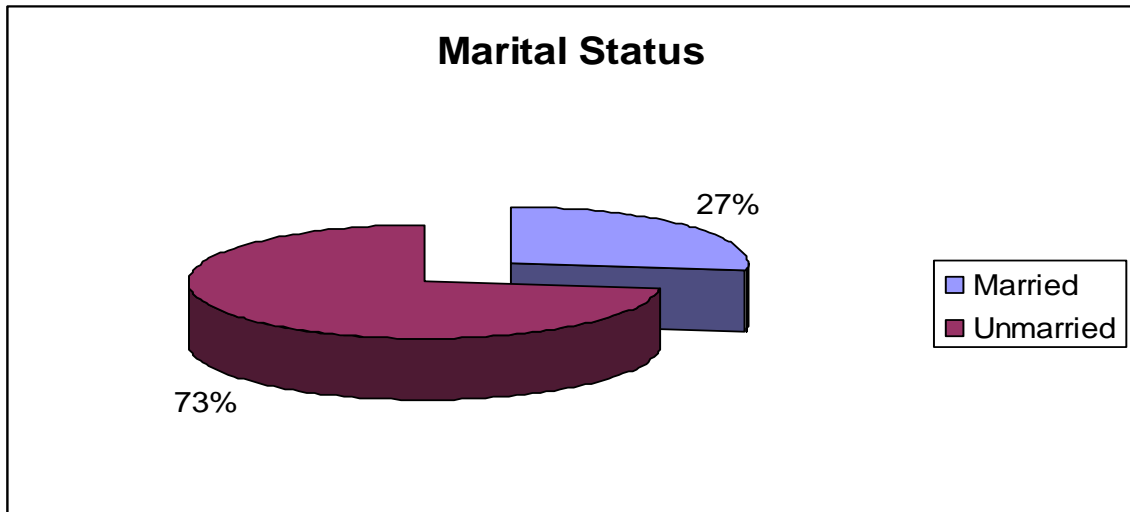
Marital Status

Marital Status	No. of Respondents	Percentage
Married	30	27
Unmarried	80	73
Total	110	100

Source: Questionnaire

Figure No. 7.2.4

Marital Status



Source: Table No. 7.2.7

As per the survey researcher found that majority of women are unmarried i.e. 73% whereas only 27% i.e.30 respondent are married.

7.2.8 Number of Children

Table No. 7.2.8

No. of Children	No. of Respondents	Percentage
0	2	7
1	25	83
2	3	10
Total	30	100

Source: Questionnaire

Out of 110 Women MR selected for study, 30 i.e.27% women are married. Further bifurcated as 83% having only 1 child, whereas 10% having 2 children and 7% have no child.

7.2.9 Family Time:

Respondents were asked to give their opinion on the statement ‘Women MRs can’t devote enough care to their home and children.’

Table No. 7.2.9

Family Time

	No. of Respondents	Percentage
Strongly Agree	12	11
Agree	27	25
Partly Agree	40	36
Disagree	28	25
Strongly Disagree	3	3
Total	110	100

Source: Questionnaire

Figure No. 7.2.5

Family Time



Source: Table No. 7.2.9

The purpose of including this question was to know about family time of working women. About 36% respondents expressed that they partly agree that ‘working women can’t devote enough care for family’ but only 3% of women MR strongly disagree and 11% are strongly agree for the same. And agree and disagree opinion is at same percent i.e. 25%.

7.2.9.1 Home Management

How many hours a day they spend in managing their home?

Table No. 7.2.10
Home Management

Hours	No. of Respondents	Percentage
2-3 hrs	5	5
4-5 hrs	45	41
6-7 hrs	40	36
7 and Above	20	18
Total	110	100

Source: Questionnaire

As per the above table it reflects that, 36% of respondents spend 6-7 hours in managing their home whereas only 5% spend 2-3 hours in a day and 18% women spend 7 and above hours in a day.

This shows that majority of women i.e. 41% spend 4-5 hours in a day in managing their homes.

7.2.9.2 Domestic Help

Respondents were asked to describe the kind of help they had in their domestic work.

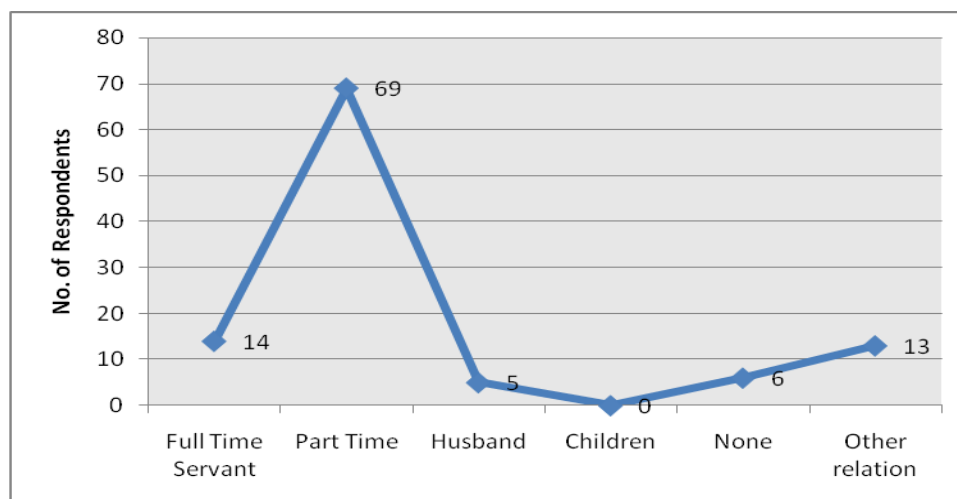
Table No. 7.2.11
Domestic Help

	No. of Respondents	Percentage
Full Time Servant	15	14
Part Time	69	62
Husband	5	5
Children	0	0
None	7	6
Other relation	14	13
Total	110	100

Source: Questionnaire

Figure No. 7.2.6

Domestic Help



Source: Table No. 7.2.11

As per the survey respondent stated that 69% respondents are dependent on Part time servant for Domestic Work whereas 5% are dependent on their Husband and 13% are on other relations (mother in law, sister, mother etc.) and only 6% respondents are independent in their domestic work

7.2.9.3 Children Responsibility

Respondents were asked that, who takes care of your children when you are at work?

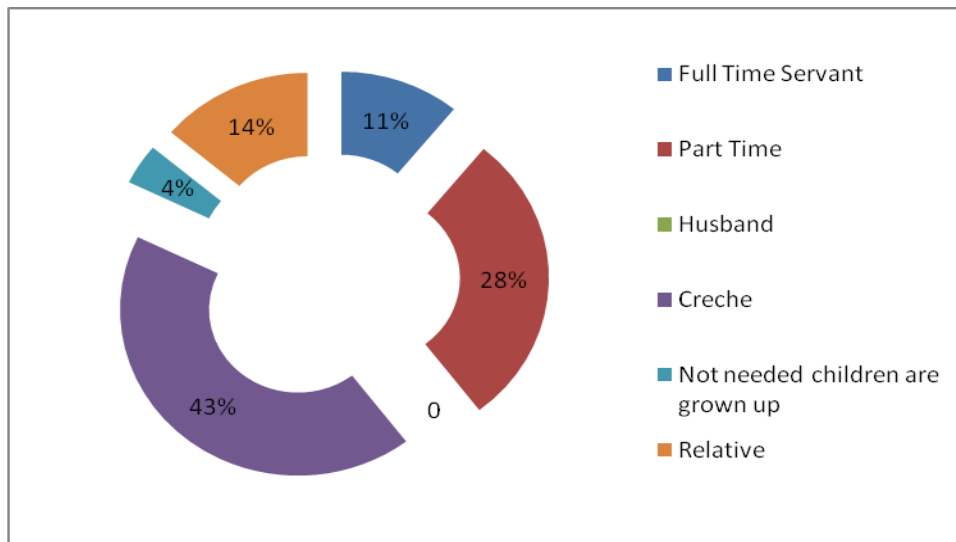
Table No. 7.2.12

Children Responsibility

	No. of Respondents	Percentage
Full Time Servant	3	11
Part Time	8	28
Husband	0	0
Creche	12	43
Not needed children are grown up	1	4
Relative	4	14
Total	28	100

Source: Questionnaire

Figure No. 7.2.7
Children Responsibility



Source: Table No. 7.2.12

Researcher found that out of sample of 110 only 30 are married and 28 respondents having children when further divided 3 of respondents takes help from full time servant for children care, 8 of them take help by part time servant, whereas 4 respondent’s relative are taking responsibility of their children care and only one respondent don’t need any type of help because her children are grown up now. Majority of respondents are dependent on crèche i.e. 12.

7.2.10 Participation in Economic Activities

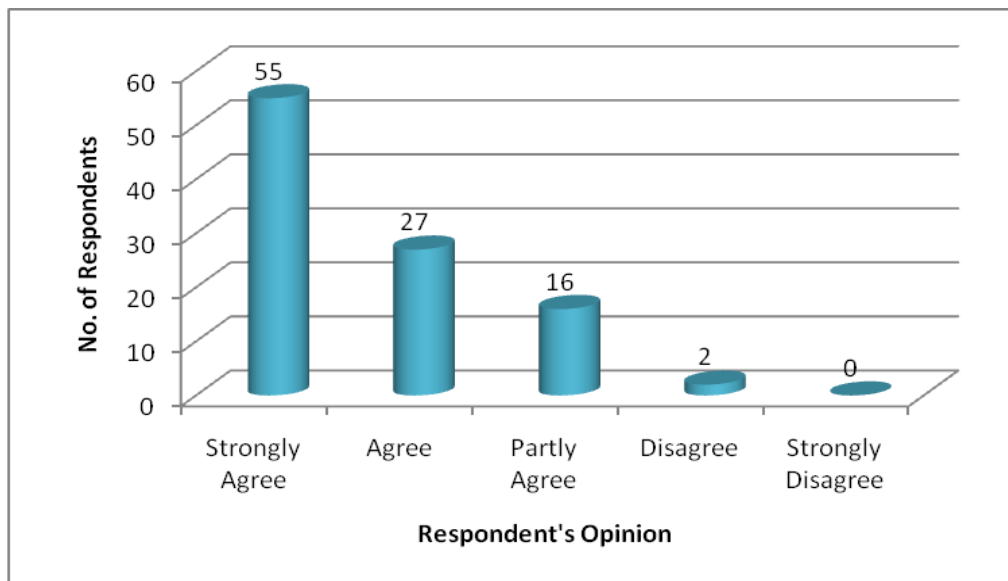
Respondents were asked to give their opinion on the statement ‘Participation in Economic Activities make women happier person’

Table No. 7.2.13
Participation in Economic Activities

	No. of Respondents	Percentage
Strongly Agree	60	55
Agree	30	27
Partly Agree	18	16
Disagree	2	2
Strongly Disagree	0	0
Total	110	100

Source: Questionnaire

Figure No. 7.2.8
Participation in Economic Activities



Source: Table No. 7.2.13

Researcher found that majority of respondents i.e.55% claimed that they strongly agree with the statement “participation in economic activities makes women happier person”. No one is strongly disagree for the same, whereas only 2% respondents disagree. And 27% and 16% respondents agree and partly agree respectively with above statement.

7.2.11 Working Women’s effect on family

Respondents were asked to Comment on the following 2 questions:

1. If wife is working, there is ‘Conflict of authority between husband and wife’
2. Working wife can understand husband’s problem better

Table No. 7.2.14

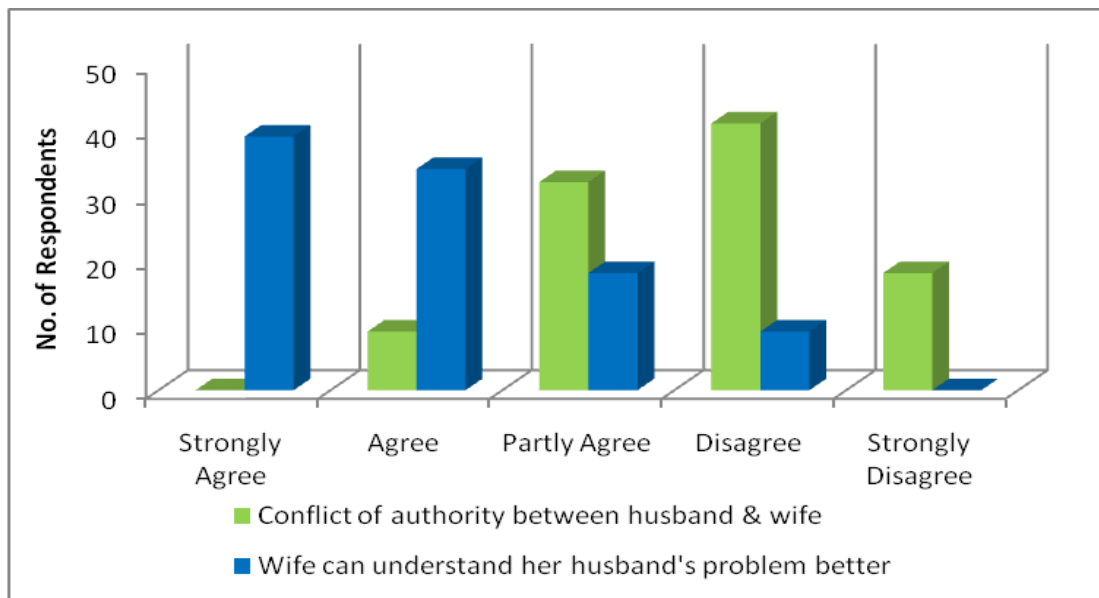
Working Women's effect on family

	Conflict of authority between husband and wife	Wife can understand her husband's problem better
Strongly Agree	0	39
Agree	9	34
Partly Agree	32	18
Disagree	41	9
Strongly Disagree	18	0
Total	100	100

Source: Questionnaire

Figure No. 7.2.9

Working Women's effect on family



Source: Table No. 7.2.14

As per above presentation Researcher found as follows:

1. If wife is working, there is 'Conflict of authority between husband and wife'
 - 41% respondents Disagree
 - 32% Partly Agree
 - 18% Strongly Disagree
 - 9% Agree
 - 0- Strongly Agree

These answers shows that majority of respondents disagree with above statement. If husband agrees for the field job for his wife then he has that understanding with wife. In other way wife also become more understanding and patient with this job.

2. Working wife can understand husband’s problem better

- 39% strongly agree
- 34% Agree
- 18% Partly Agree
- 9% Disagree
- 0- Strongly Disagree

These answers shows that majority of respondents agree with above statement because they handle number of different kind of customers. With work situation and this experience, working women can understand their husband’s problem better.

Conclusion- Overall, positive attitude towards working women as shown by agreement with the positive statement

7.2.12 Earning and Expenditure

To analyze the mindset of family members about the working women’s -Earning and Expenditure, following question was framed.

“There is not much economic gain by working women’s earning because most of it is spent on the extra expenditure incurred because of her work”.

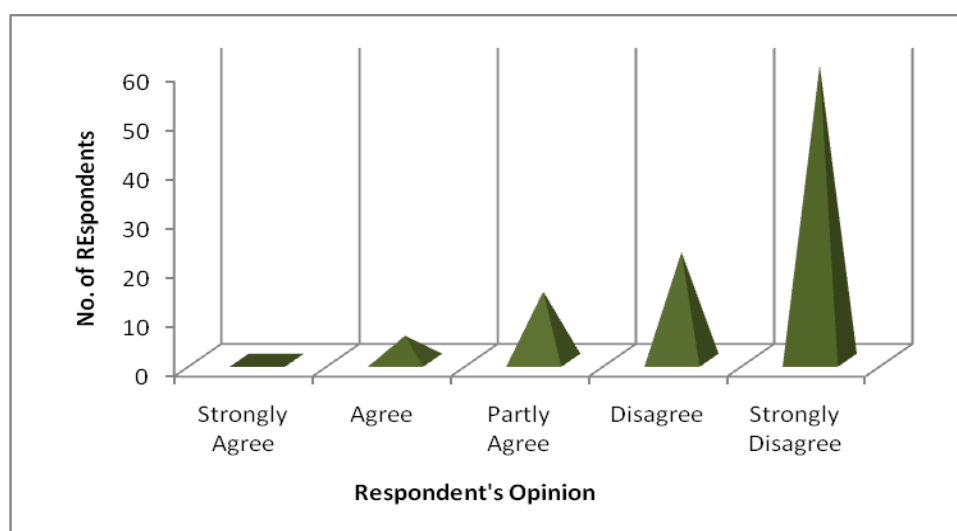
Table No. 7.2.15

Earning and Expenditure

	No. of Respondents	Percentage
Strongly Agree	0	0
Agree	5	4
Partly Agree	15	14
Disagree	24	22
Strongly Disagree	66	60
Total	110	100

Source: Questionnaire

Figure No. 7.2.10
Earning and Expenditure



Source: Table No. 7.2.15

This survey shows that 60% of respondents strongly disagree with the statement that there is not much gain by women's earning whereas 22% respondents disagree and 14% partly agree and only 5% agree but no one strongly agrees with this statement.

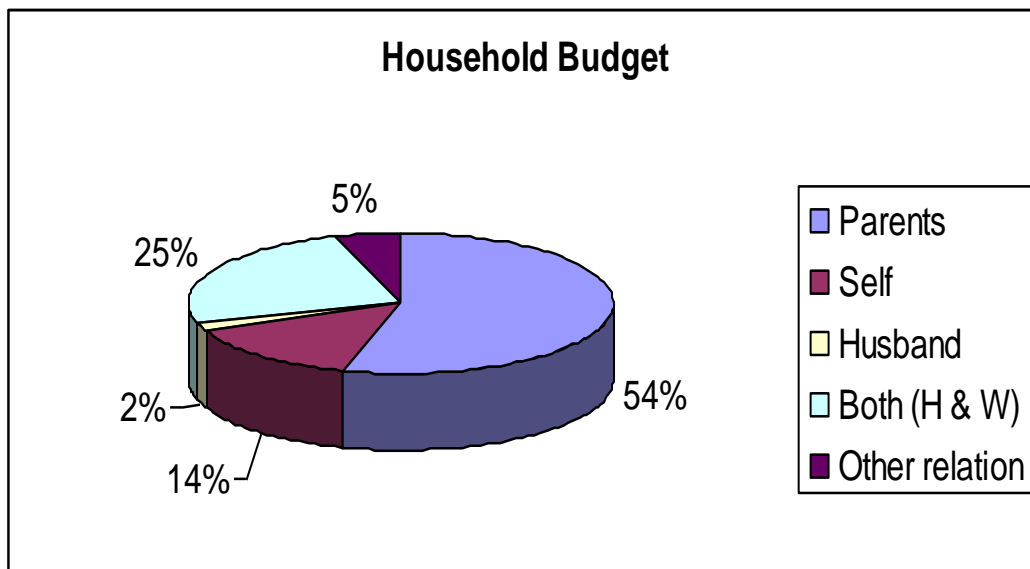
7.2.16 Who manages the household budget in your home?

Table No. 7.2.16
Household Budget

	No. of Respondents	Percentage
Parents	60	54
Self	15	14
Husband	2	2
Both (H and W)	28	25
Other relation	5	5
Total	110	100

Source: Questionnaire

Figure No. 7.2.11
Household Budget



Source: Table No. 7.2.16

As per the presentation 54% respondent's parents are managing the household budget as out of 110 respondents 80 respondents are unmarried. 25% respondent says both husband and wife are managing their budgets whereas only 2% husbands are managing household budget and 14% respondent says that persons in other relations (i.e. In laws, sister, brother etc.) are managing the budget.

7.2.17 Help of Joint Family for Working Women

Question was framed as Joint family make easier for women to work outside?

Table No. 7.2.17

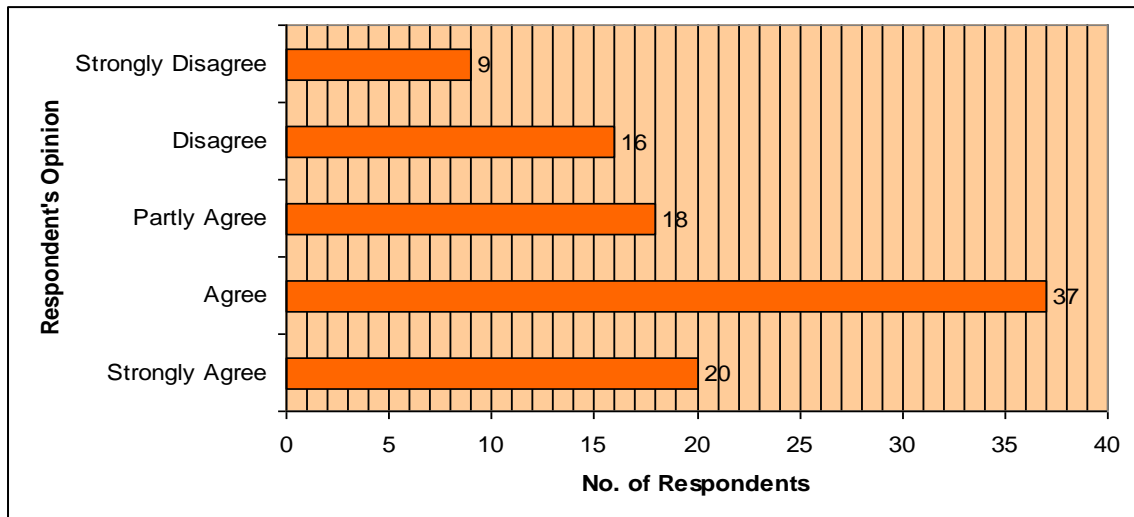
Help of Joint Family for Working Women

	No. of Respondents	Percentage
Strongly Agree	22	20
Agree	40	37
Partly Agree	20	18
Disagree	18	16
Strongly Disagree	10	9
Total	110	100

Source: Questionnaire

Figure No. 7.2.12

Help of Joint Family for Working Women



Source: Table No. 7.2.17

Above data shows that 36% respondents agree that joint family is helpful for working women whereas 20% strongly agree, 18% partly agree; 16% disagree and only 9% respondents strongly disagree for the same. Overall, 25% respondents disagree with this statement and 75% agree.

Conclusion- Opinion is divided on this issue probably based on the different personal experience of the respondents.

7.2.18 Opinion about “Women Career”

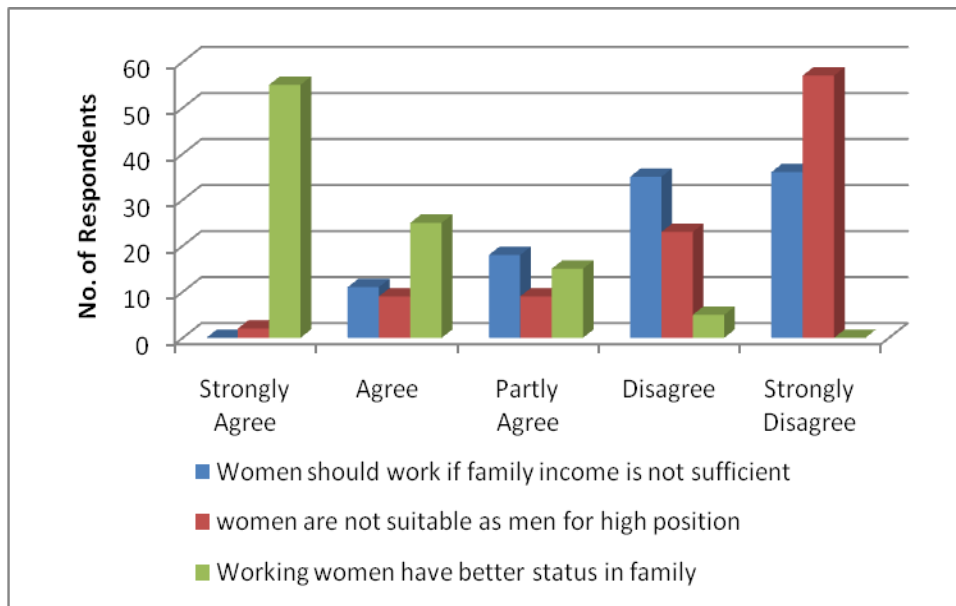
Table No. 7.2.18

Opinion about “Women Career”

	Women should work if family income is not sufficient	Women are not suitable as men for high position	Working women have better status in family
Strongly Agree	0	2	55
Agree	11	9	25
Partly Agree	18	9	15
Disagree	35	23	5
Strongly Disagree	36	57	0
Total	100	100	100

Source: Questionnaire

Figure No. 7.2.13
Opinion about “Women Career”



Source: Table No. 7.2.18

As per above presentation Researcher found as follows:

1. Women should work if family income is not sufficient
 - 36% Strongly Disagree
 - 35% Disagree
 - 18% Partly Agree
 - 11% Agree
 - None of them Strongly Agree

Majority of respondents disagree with this statement because family income is not the only reason behind their working. Some of them working for self respect, some of them are working for interest in field work.

2. Women are not suitable as men for high position
 - 57% Strongly Disagree
 - 23% Disagree
 - 9% Partly Agree and Agree
 - 2% Strongly Agree

As per above answer's majority of respondents are disagree for the statement because already women are working on high position and they proven that they are suitable for the same.

3. Working women have better status in family

- 55% Strongly Agree
- 25% Agree
- 15% Partly Agree
- 5% Disagree
- None of them are Strongly Disagree

These answers shows that respondents are strongly agree with above statement because working women can take self decision and she is totally independent.

Because of job she is confident at home also.

Conclusion- There were two negative and one positive statements about women's career. A majority of the respondents disagreed with the negative statements, (71% for the first statement and 80% for the second statement) whereas 95% respondents agreed with the positive statement. This shows the largely positive attitude of the respondents to their career.

7.3 Work Related Information

In Work Related Information question were such as Name of the Company, Incentives, Driving per day, reporting system, coverage area, experience, opinion about this job, their development, their investments, advantages and disadvantage, problems in their job, pressure of work, attitude of male colleagues and solution for all etc.

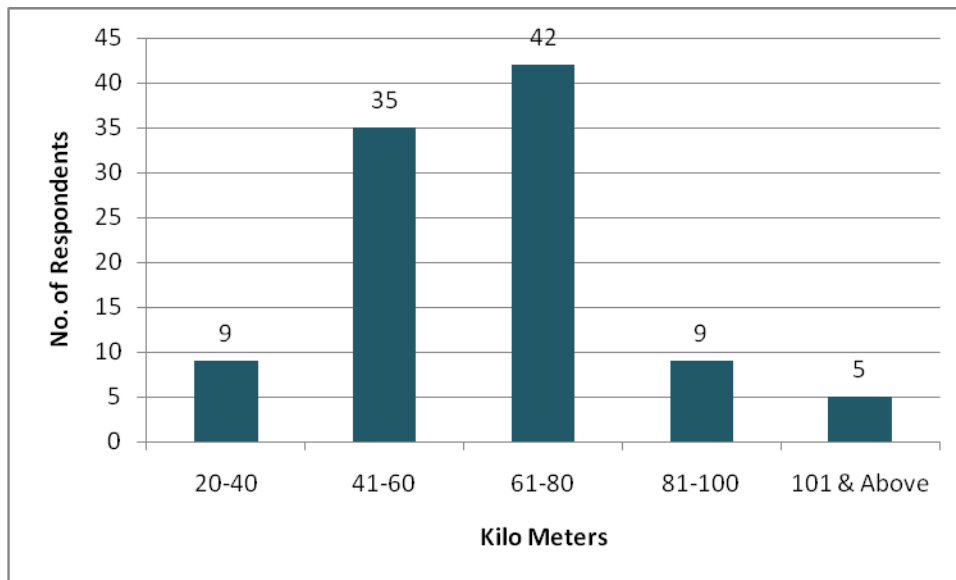
7.3.1 Driving Per Day

Table No. 7.3.1

In Kms	No. of Respondents	Percentage
20-40	10	9
41-60	39	35
61-80	46	42
81-100	10	9
101 and Above	5	5
Total	110	100

Source: Questionnaire

Figure No. 7.3.1
Driving Per Day



Source: Table No. 7.3.1

As per the survey only 5% respondents are traveling more than 101 km in a day whereas 9% are traveling 20-40 km and 81-100 km per day, 35% respondents traveling 41-60 km and majority of respondents (i.e. 42%) are traveling 61-80 km per day.

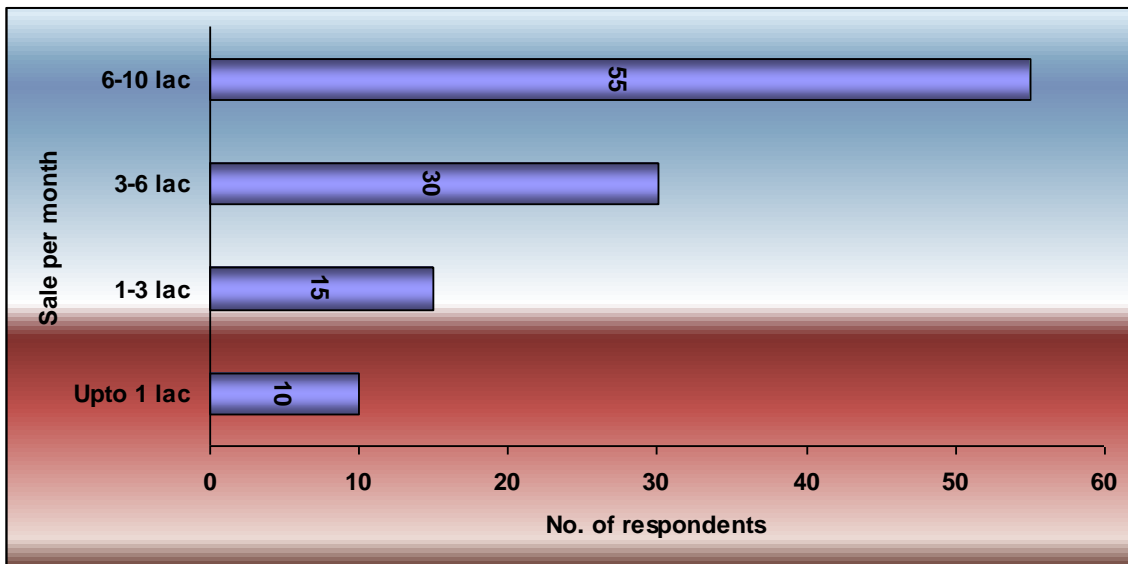
7.3.2 Individual Sales:

Table No. 7.3.2
Individual Sales

Sale per month (Rs.)	No. of Respondents	Percentage
Upto 1 lakh	10	9
1-3 lakh	15	14
3-6 lakh	30	27
6-10 lakh	55	50
Total	110	100

Source: Questionnaire

Figure No. 7.3.2
Individual Sales



Source: Table No. 7.3.2

As per the productivity count, about 10 respondents contributing sales upto Rs.1 lakh per month, 15 respondents contributing Rs.1-3 lakh and 30 respondents contributing Rs.3-6 lakh. Majority of respondent i.e.55 contribute Rs. 6-10 lakh sales per month. This shows their contribution in sales which ultimately affect the turnover of the company.

7.3.2 When do you have meeting sessions?

Table No. 7.3.3
Meeting Sessions

	No. of Respondents	Percentage
Weekly	38	34
Monthly	47	43
Quarterly	20	18
Half-yearly	5	5
Yearly	0	0
Total	110	100

Source: Questionnaire

As per the data only 5% respondents having half-yearly meeting sessions whereas 18%

having Quarterly sessions, 35% having weekly sessions and 43% respondents having monthly meeting sessions.

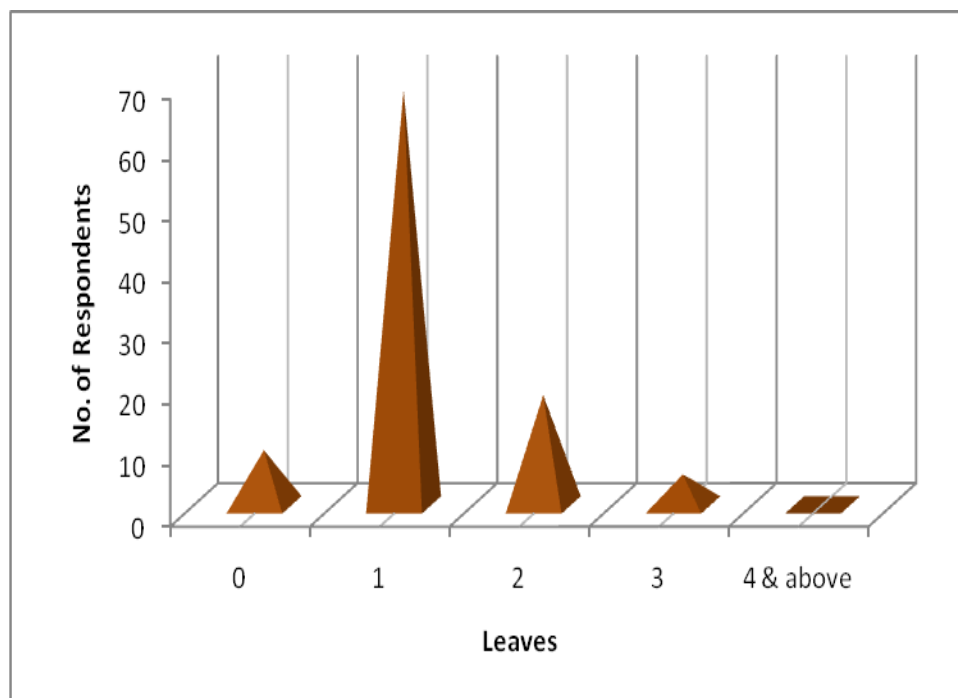
7.3.3 Total leaves taken per month

Table No. 7.3.4
Leaves Status

Leaves	No. of Respondents	Percentage
0	10	9
1	75	68
2	20	18
3	5	5
4 and above	0	0
Total	110	100

Source: Questionnaire

Figure No. 7.3.3
Leaves Status



Source: Table No. 7.3.3

As shown in the presentation majority of respondents i.e. 68% are taking only 1 leave per month whereas only 18% respondents taking 2 leaves and 5% respondents are taking 3 leaves but no respondent is using 4 and above leaves. And 9% respondents are not using any type of leaves in the month. Many a times they need leave for their menstruation cycle period but they keep on working about 68% respondents stated the same they are using only 1 leave for a month. They can easily complete their personal outside work within duty hours.

7.3.4 Work Experience (Years) with Pharmaceutical Company

Table No. 7.3.5

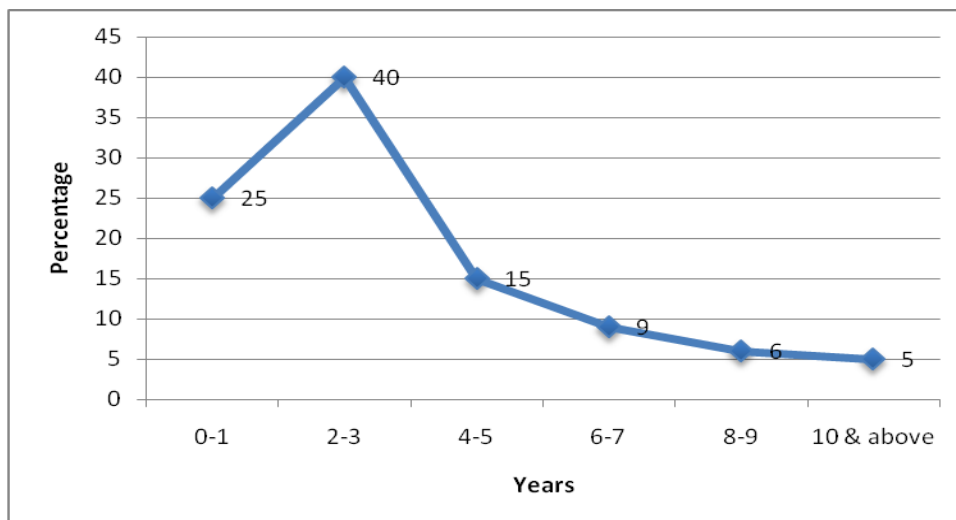
Work Experience

In Years	No. of Respondents	Percentage
0-1	27	25
2-3	44	40
4-5	17	15
6-7	10	9
8-9	7	6
10 and above	5	5
Total	110	100

Source: Questionnaire

Figure No. 7.3.4

Work Experience



Source: Table No. 7.3.4

From the above presentation it can be observed that 40% women respondents are having 2-3

years work experience in pharmaceutical field whereas 25% are having 0-1 years experience, 15% are having 4-5 years and only 5% having 10 and above experience.

7.3.5 Industry Retention Decision

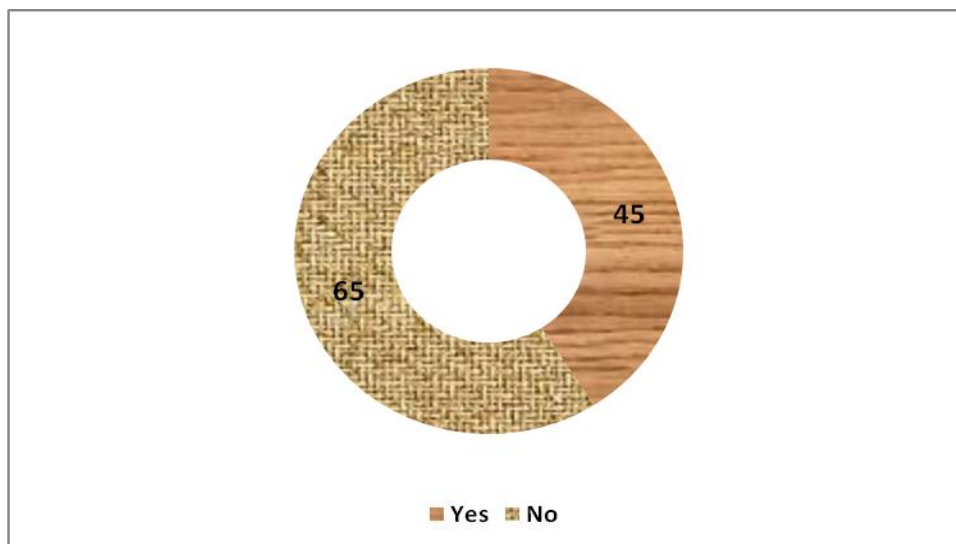
Respondents were asked whether they would like to continue with this job or not.

Table No. 7.3.6
Industry Retention Decision

	No. of Respondents	Percentage
Yes	45	41
No	65	59
Total	110	100

Source: Questionnaire

Figure No. 7.3.5
Industry Retention Decision



Source: Table No. 7.3.5

As per this chart 65 (i.e.59%) respondents are not ready to continue this job whereas 45 (41%) are ready for the same.

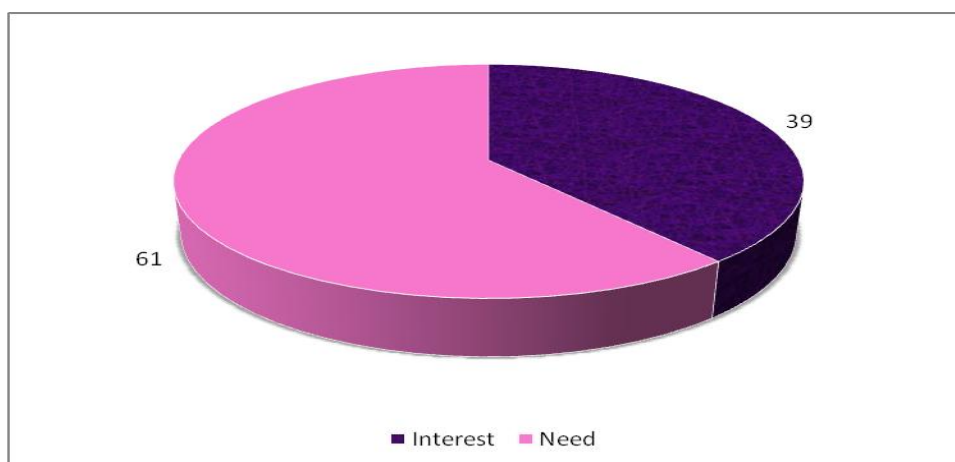
7.3.6 Cause behind this job

Table No. 7.3.7
Cause behind this Job

	No. of Respondents	Percentage
Interest	43	39
Need	67	61
Total	110	100

Source: Questionnaire

Figure No. 7.3.6
Cause behind this job



Source: Table No. 7.3.6

As shown in this Pie Chart only 39% respondents are working with interest and 61% are working only because of their need.

7.3.7 Comment on changes you discovered in your Personality:

In this survey when we distributed the Questionnaire there was an open ended question namely – “Comment on changes you discovered in yourself after you joined the field” the comments were as follows:

Table No. 7.3.8
Changes in MR after joining the field

Changes in MR after joining field	No. of Respondents	Percentage
Communication improved	102	93
Convincing power, confidence increased	87	79
Knowledge of city area	79	72
Financial stability	63	57
Realization of future prospects	58	53
Become smart to know and understand people	43	39
Increased stamina	31	28
Presentation skills improved	29	26

Source: Questionnaire

As per above table majority of respondents i.e. 102 improved their communication skills with this job. Researcher found that 87 respondents i.e. 79% increased their confidence and convincing power, whereas 79 and 29 respondents improved the knowledge of city area and presentation skills respectively. About 31 respondents increased their stamina with this field whereas 58 respondents i.e. 53% realized their future prospects.

This shows that overall MR enhances positive changes after joining the field.

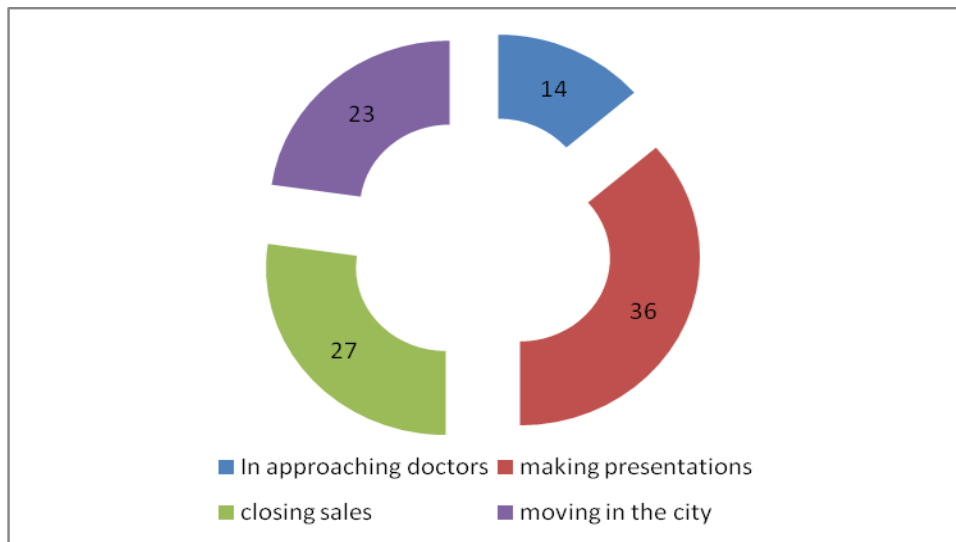
7.3.8 In which area has confidence level increased?

Table No. 7.3.9
Increased Confidence Level

	No. of Respondents	Percentage
In approaching doctors	15	14
Making presentations	40	36
Closing sales	30	27
Moving in the city	25	23
Total	110	100

Source: Questionnaire

Figure No. 7.3.7
Increased Confidence Level



Source: Table No. 7.3.8

From the above data presentation, it can be seen that out of 110 respondents only 15 Women MR i.e. 14% have reported that their confidence level increased in approaching doctors, 40 respondents i.e. 36% Women MR have reported that their confidence level increased in making presentations, 30 MRs i.e. 27% feel confidence level increased in closing sales and 25 MRs i.e. 23 % in moving in the city. This shows that majority of Women MR feel increased confidence level in making presentations.

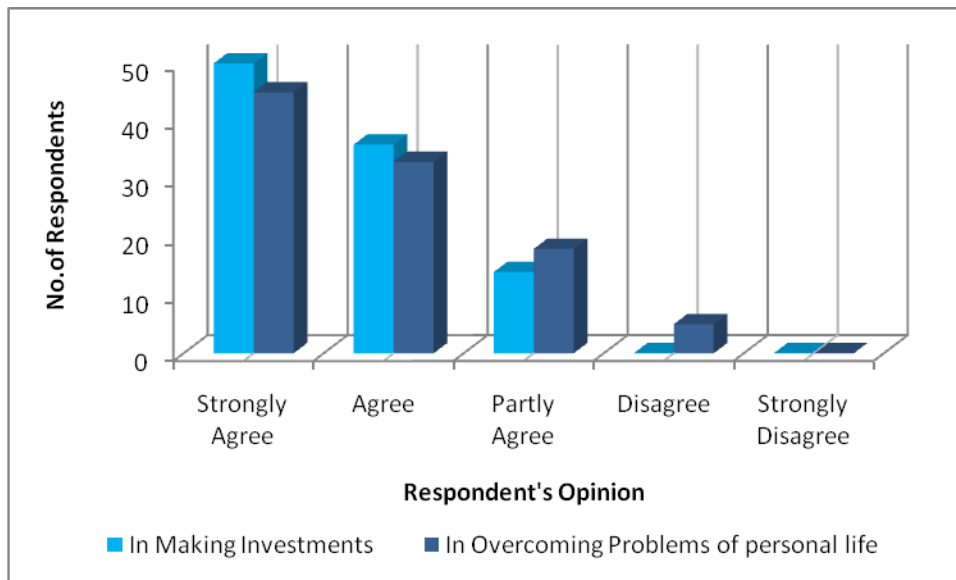
7.3.9 Outcome of increased Confidence

Table No. 7.3.10
Outcome of increased Confidence

	In Making Investments		In Overcoming Problems of personal life	
	No. of Respondents	Percentage	No. of Respondents	Percentage
Strongly Agree	55	50	49	44
Agree	40	36	36	33
Partly Agree	15	14	20	18
Disagree	0	0	5	5
Strongly Disagree	0	0	0	0
Total	110	100	110	100

Source: Questionnaire

Figure No. 7.3.8
Outcome of increased Confidence



Source: Table No. 7.3.9

To analyze the outcome of increased confidence of respondents following question was asked.

1. Has this increased confidence in job enhanced your confidence in personal life in managing finances such as making investments?

Responses from Women MR as follows:

- 50% strongly agree
- 36% agree
- 14% partly agree
- None of them disagree and strongly disagree

Above answers show that majority of respondents agree that because of this job they got confidence in personal life

2. Has this confidence in job increased confidence in personal life in overcoming problems?

- 45% strongly Agree
- 33% agree
- 18% partly Agree
- 5% disagree
- None of them strongly disagree

This is the field where they have to convince the scholars i.e. doctors, chemist. At sales closing they need to adjust too many things (such as target achievement, sales pressure, time deadlines, customers [chemist/ stockiest] bargaining for order booking) so they can handle any problem confidently.

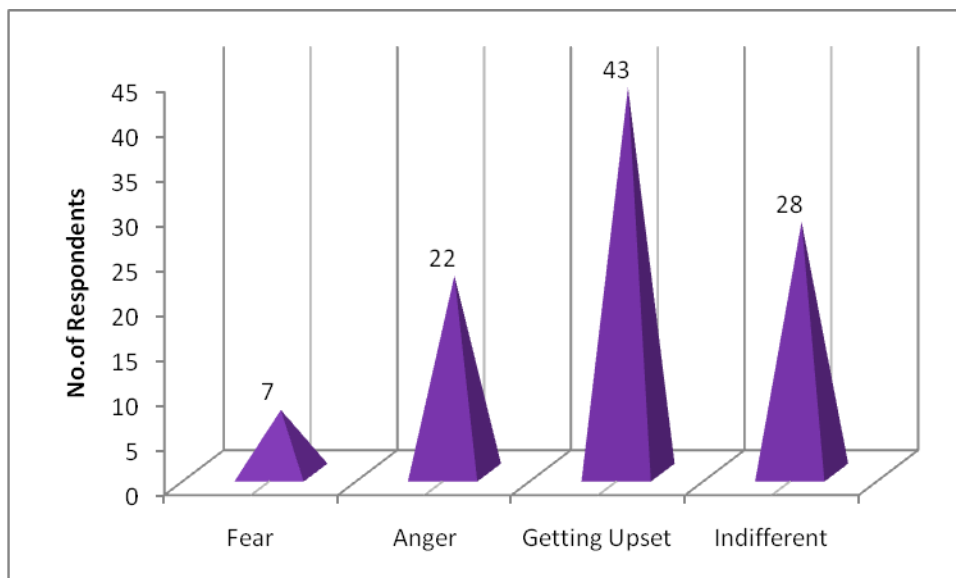
7.3.10 Reaction to Rude Client

Table No. 7.3.11
Reaction to Rude Clients

	No. of Respondents	Percentage
Fear	8	7
Anger	24	22
Getting Upset	47	43
Indifferent	31	28
Total	110	100

Source: Questionnaire

Figure No. 7.3.9
Reaction to Rude Clients



Source: Table No. 7.3.10

This presentation shows that while handling rude clients 43% respondents stated that they are getting upset, 28% respondents feeling indifferent, 22% feeling anger and only 7% respondents feeling fear.

7.3.11 Effect of Job on Positive attitude

Table No. 7.3.12

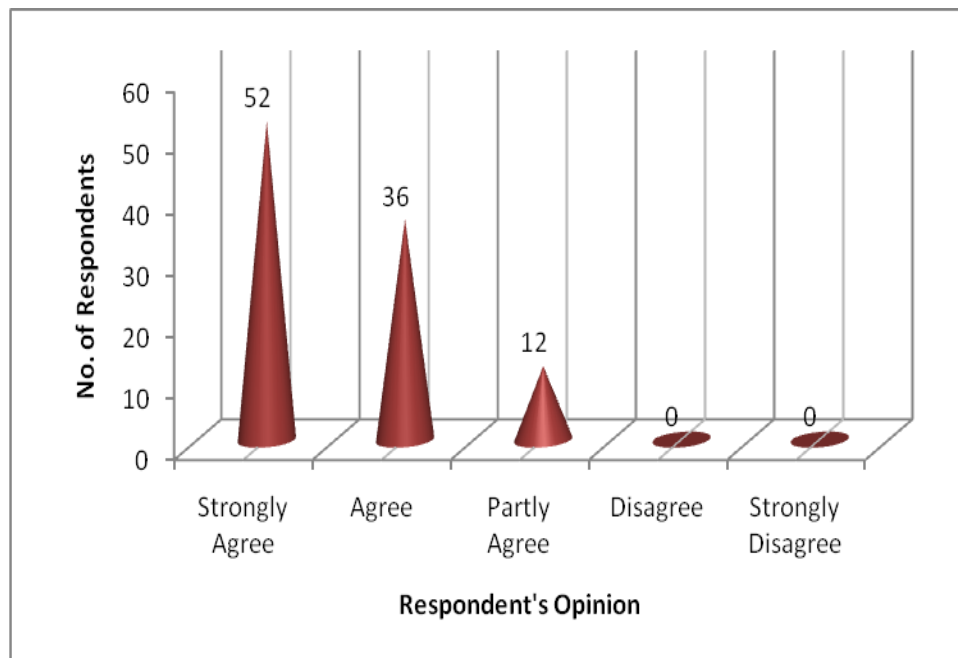
Effect of Job on Positive attitude

	No. of Respondents	Percentage
Strongly Agree	57	52
Agree	40	36
Partly Agree	13	12
Disagree	0	0
Strongly Disagree	0	0
Total	110	100

Source: Questionnaire

Figure No. 7.3.10

Effect of Job on Positive attitude



Source: Table No. 7.3.11

As per the data 52% respondents strongly agree that this job helps them to develop a positive attitude whereas 36% agree and 12% respondents partly agree with the same. No one disagrees or strongly disagrees with the above statement.

7.3.12 Life Style of Women Medical Representative

Table No. 7.3.13

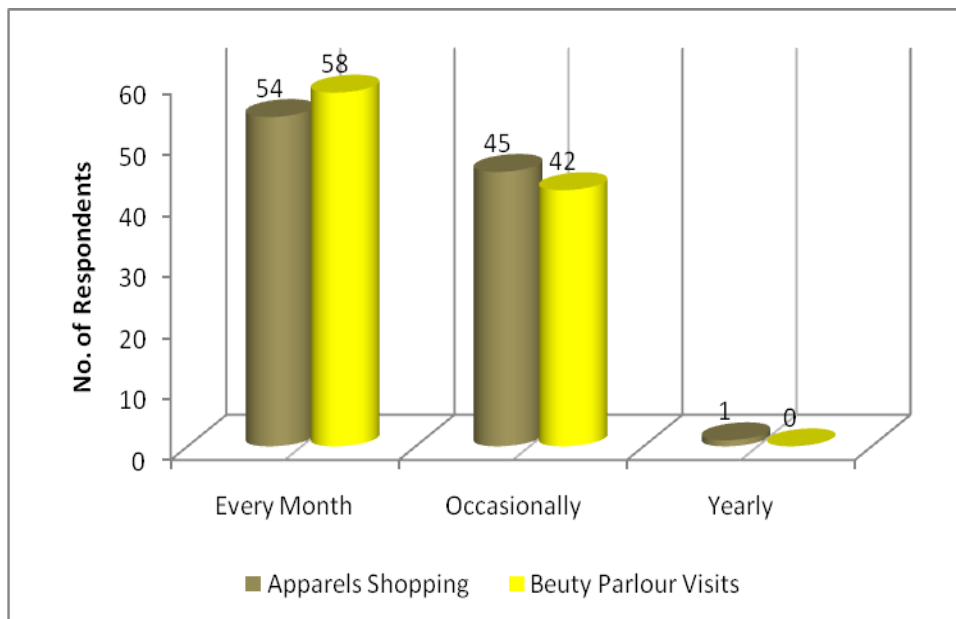
Life Style of Women Medical Representative

	Apparel Shopping	Beauty Parlour Visits
Every Month	54	58
Occasionally	45	42
Yearly	1	0
Total	110	100

Source: Questionnaire

Figure No. 7.3.11

Life Style of Women Medical Representative



Source: Table No. 7.3.12

As per above presentation Respondents are spending their time and money every month for shopping and Beauty Parlor 54% and 58% respectively, whereas 45% and 42% are spending occasionally on shopping and beauty parlour. Yearly shopping done by only 1% respondents. For field work they need to be a presentable always.

7.3.13 The Advantages of this job can be stated as follows: According to the Respondents....

Table No. 7.3.14

Advantages of this Job	No. of Respondents	Percentage
Good Earning	98	89
Updating Knowledge	97	88
Confidence level Increased	81	74
Time Management improves	77	70
Can manage other work also on duty	76	69
Develops Patience	74	67
Good awareness about medicine	71	65
Financially Personal Growth	62	56
Can get free samples for self and relative	55	50
Understanding level increased	48	44
No boss pressure	45	41
Self Respect	33	30
Contact become strong	28	25

Source: Questionnaire

Respondents stated too many advantages in this field. As per above data 98 respondents i.e. 89% stated that with this job they have good earning, whereas 88% respondent updating their knowledge with this job and 81 respondents i.e.74% respondent stated their confidence level increased with this job. About 70% respondents improved their time management and 69% respondents said that they can easily manage other work on duty also. 67% respondents develop patience and 65% stated that they become aware about the medicine with this job. Some respondent i.e. 50% says whenever they have some health problem for self and relatives they can get free medicine sample for their prescription. Understanding level has increased for 44% respondent. In this field 56% respondents personally grew their financial status. 41% respondent stated that they don't have boss pressure as they work on field individually. Joint working with boss is only for once in a week. 30% of them stated about their increased self respect, 25% respondent says that their contact list of people become strong in this field.

Same person has given more than one answer.

The advantages perceived by respondents can be further classified as personal, financial and other job related advantages. From the above table, it can be seen that respondents feel they

got 7 personal advantages, 2 financial, 4 other job related

7.3.14 Disadvantage of this job

The purpose of including this question was to just to know the loop holes of this field. While expressing their views about this job respondents jotted down some disadvantages as follows:

Table No. 7.3.15

Disadvantages of this Job

Disadvantages of this Job	No. of Respondents	Percentage
Exposure to pollution	103	94
Hectic and time consuming	75	68
Continuous driving	71	65
Long hours waiting	69	63
Have to work in rain and summer	63	57
Work Pressure	40	36
Much energy level consumed	34	31
No respect given by people	21	19
Less leaves	18	16
Skin rashes	13	12

Source: Questionnaire

With advantages Researcher found some disadvantages also. As per the data, majority of respondents i.e. 94% stated that this field gives exposure to pollution whereas 68% said that this field is hectic and time consuming. About 63% respondents gets irritated with long hours waiting whereas 65% respondents with continuous driving. 57% respondent stated that they have to work in rain and summer which is very tough for them. Some respondents i.e. 36% working under pressure, whereas 31% said that, their extra energy get consumed by this field. Very few respondents (i.e.19%) says that in this field they are not getting respect by people, because some people look towards them as a salesman who turn door to door and some respondents (i.e.16%) says there are less leaves. They said that no holidays and half days like government offices. And 12% respondents face the skin rashes.

Disadvantage also further classified into physical and mental problem. As per the above table respondents having 3 mental and 7 physical problems in this field.

7.3.15 Do you suffer from back pain?

Table No. 7.3.16

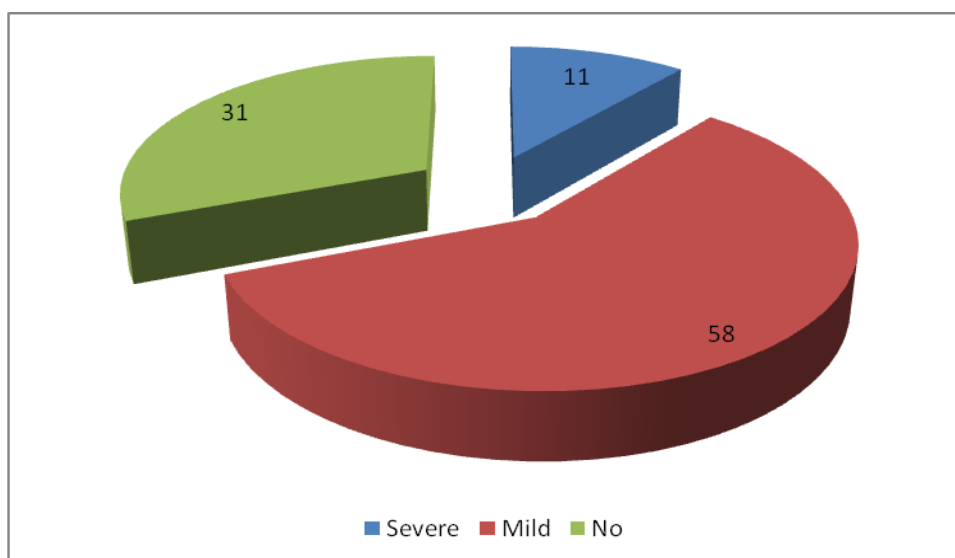
Back Pain

	No. of Respondents	Percentage
Severe	12	11
Mild	64	58
No	34	31
Total	110	100

Source: Questionnaire

Figure No. 7.3.12

Back Pain



Source: Table No. 7.3.15

As per this chart 58% sample faced mild back pain, whereas 11% of sample faced severe back pain and 31% sample do not face any type of back pain.

7.3.16 Reaction towards Sales Pressure

Table No. 7.3.17

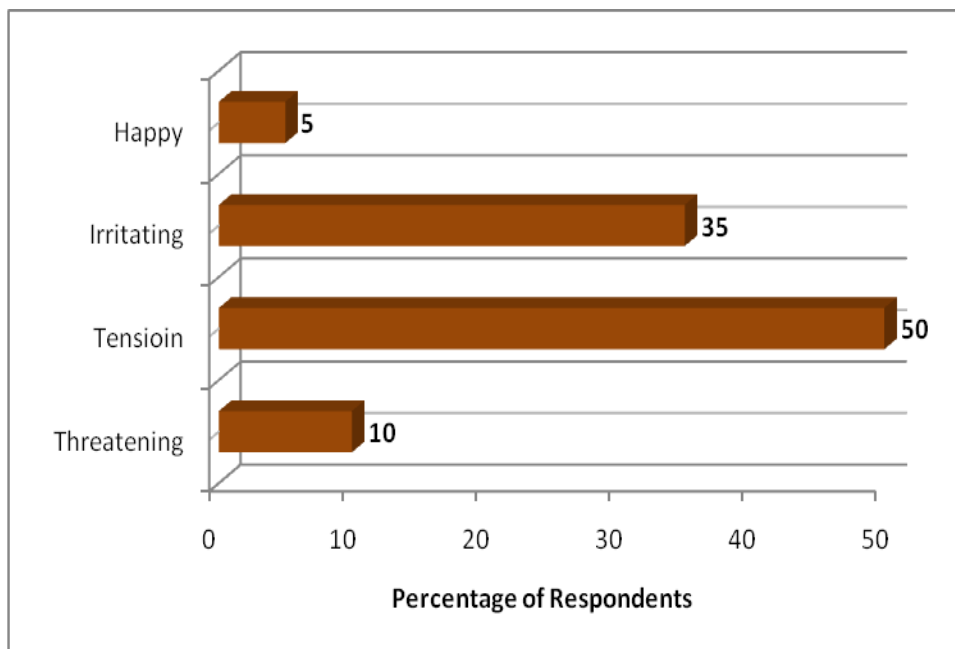
Sales Pressure

	No. of Respondents	Percentage
Threatening	11	10
Tension	55	50
Irritating	39	35
Happy	5	5
Total	110	100

Source: Questionnaire

Figure No. 7.3.13

Sales Pressure



Source: Table No. 7.3.16

As per the survey 35% respondents are feeling irritated by sales pressure whereas 10% feel it is threatening. Only 5% respondents are happy with sales pressure. Majority of respondents i.e. 50% are under tension of sales pressure.

Last week of every month is considered as a closing week where they have to calculate their total value wise and unit wise sales for complete month .

7.3.17 Attitude of Male Colleagues

Table No. 7.3.18

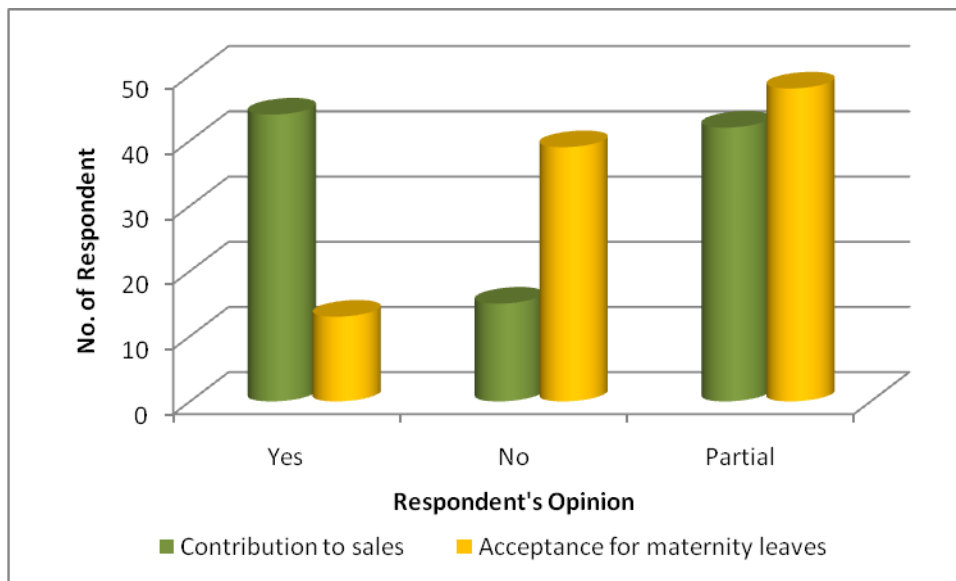
Attitude of Male Colleagues

	Contribution to sales	Acceptance for maternity leaves
Yes	44	13
No	15	39
Partial	42	48
Total	110	100

Source: Questionnaire

Figure No. 7.3.14

Attitude o Male Colleagues



Source: Table No. 7.3.18

As per the survey this chart shows that 44% respondents say that male colleagues accept their contribution to sales, 15% say that male do not accept and 42% say male colleagues partially accept the same. Whereas only 13% respondent say that male colleagues cooperate for long leave for maternity of women MR but 39% respondents say male do not cooperate and 48% respondents say male colleagues partially agree for the same.

7.3.18 Other Problems

Some other problems stated by the respondents are as follows:

Table No. 7.3.19

Other Problems

Other Problem	No. of Respondents	Percentage
No local office	88	80
Product Shortage	61	55
Male colleagues are dominant	53	48
Managers are rude	24	22
Men are not good	9	8
Bribe to chemist	4	3

Source: Questionnaire

In other problems majority of respondent i.e.80% complained about non availability of local office to get fresh and to rest, they need a place, whereas 55 % faces problem of product shortage. About 53 respondents i.e. 48% stated that male colleagues dominate them, 24 respondents i.e. 22% stated managers are rude who insult in front of other people and 9 respondents i.e. 8% said that men are not good they always want to take advantage of you. Few respondents (i.e. 3%) said that they need to give discounts to chemists out of their own earning. This is because at closing stockiest (Distributor) gives the next month's order which is less than the previous month's sales. This makes it difficult for the MR to reach her sales target for the next month. In order to get the stockist to increase the order quantity, the MR is forced to pay the stockist out of her own incentive, which reduces her earning.

7.3.19 Solution of the Problem

This question is seemed difficult for the respondents to answer. Respondents stated as follows:

Table No. 7.3.20
Solution of the Problem

Solution of the Problem	No. of Respondents	Percentage
Night calls should be avoided	106	96
Long distance should be avoided	88	80
Believe is self	76	69
Have patience	74	67
Proper Working Schedule	64	58
Be positive	55	50
Equal treatment to male and female	39	35
Be confident	31	28
Avoid de-motivating people	20	18
Proper training to colleague	15	14

Source: Questionnaire

As per the above data, majority of respondent i.e. 96% suggested to avoid night calls whereas 80% said avoid long distance. About 69% respondent says that representative must believe in self to get rid of problem whereas 67% suggested for patience. 50% says they need to be with positive attitude, 35% stated that senior should give equal treatment to both male and female and 28% respondent says confidence is must, whereas 18% insist for avoiding de-motivating people and try to focus on your goal. Very few respondents i.e. 14% suggest to gives a proper training to colleague.

7.3.20 What can be done by

When the respondents were asked what they themselves, their company, family, colleagues and government could do to solve their problems, they suggested the following:

MR herself

The important aim of this study is to identify their own abilities and strength. Women MR should develop their relation with customers, proper plan should be done for the working, they should groom themselves, they should increase their patience level

Company

Table No. 7.3.21
Company Initiative

Company's Initiative	No. of Respondents	Percentage
Local office	95	86
Friendly workplace	83	75
Positive approach to solution	71	65
Flexibility in working style	50	45
Time slot for childcare	29	26
Women's health	24	22
Guidance to senior	16	15
Participation in strategy making	09	8

Source: Questionnaire

As per data majority of respondents i.e. 86% said that company should provide local area center, rest rooms etc. in the city for the women. About 75% respondents expect, organizations need to develop policies that create a women friendly workplace environment. They can tie up with food chains like McDonald by which women MR will get place for half an hour for rest. 65% says that company should adopt a positive approach towards the feasible solution suggested by women MR whereas 45% respondents suggests that organizations can give employees greater flexibility in how they work. 26% respondents insist to provide part time working during early stage of child care. And 22% respondent said company should focus on health and well being of employee. As per the 15% respondents, company should give guidance to seniors about behavior. Promote awareness initiatives that highlight the value of female employees.

Only 8% respondents said that women participation in strategy making will solve the many problems. Organizations should have a true commitment to hire and promote women and include women in the annual business strategy

Family

Table No. 7.3.22

	No. of Respondents	Percentage
Family should be motivating	46	42
Family should be supportive	99	90

Source: Questionnaire

Majority of respondent (i.e. 90%) says that family should be always supportive they have to help women in their domestic work. And 42% expect that family should motivate the person who is working for them.

Colleagues

Table No. 7.3.23

	No. of Respondents	Percentage
Should be always positive	80	73
Co-operative and have to be friendly	101	92

Source: Questionnaire

Out of 110 respondents, majority of respondent (i.e. 92%) expecting co-operation from colleagues, whereas 80 respondents said that colleagues should be always positive which will help them in team work.

7.3.21 Opinion about this job:

Table No. 7.3.24

Opinion about this job	No. of Respondents	Percentage
Hectic job	75	68
Good Earning	73	66
Not good for old age	65	59
Challenging Job, never ending field	45	41

Source: Questionnaire

As per the above table, majority of respondent i.e. 68% stated that this is hectic job whereas 73 respondent i.e.66% says that this job gives them good earning. 59% respondent says that this is good job but not for longer period due to excess of traveling. And 45 respondents state that this is challenging job.

7.4 Co relation between Personal and Work Related Information of Women MR

Researcher analyzed various parameters individually and also found some co relation among few parameters. So further in depth cross parameter study is also done as part of data analysis:

7.4.1 Relation of growing Age and Physical Problem

Table No. 7.4.1

Age	Back Pain			
	No	Mild	Severe	Total
20-25	18	7	-	25
26-30	15	43	-	58
31-35	1	10	1	12
36-40	-	3	7	10
40 and above	-	1	4	5
Total	34	64	12	110

Source: Table No. 7.2.1 and 7.3.12

Data presented in above table indicates that the women below the age of 20-25 and 26-30 did not report severe back pain, whereas age 36-40 and 40 and above are invariably facing back pain. This shows that after a certain age, physically women are not able to drive a lot. In this survey every age group has reported mild back pain. But 34 respondents have no such complaints because they are below the age of 36 years. It can be seen from the table that as the age of respondents increased, both the frequency and severity of back pain increased.

7.4.2 Work Experience and No of Hours at home

Table No. 7.4.2

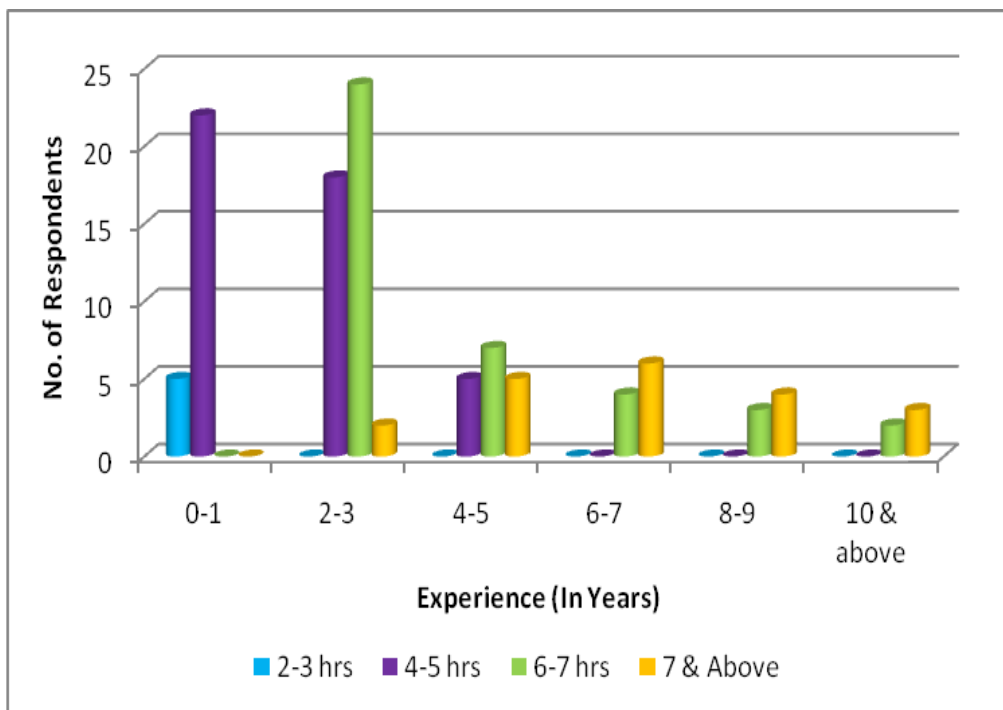
Relation between work experience and No. of Hours at Home

Work Experience In Years	Number of hours at home				Total
	2-3 hrs	4-5 hrs	6-7 hrs	7 and Above	
0-1 yr	5	22	0	0	27
2-3 yr	0	18	24	2	44
4-5 yr	0	5	7	5	17
6-7 yr	0	0	4	6	10
8-9 yr	0	0	3	4	7
10 and above	0	0	2	3	5
Total	5	45	40	20	110

Source: Table No. 7.3.4 and Table No. 7.2.10

Figure No. 7.4.1

Relation between work experience and No. of Hours at Home



Source: Table No. 7.4.2

As per the presentation Researcher found that with lowest experience i.e. 0-1 year 27 respondents are found. Out of 27 respondents 5 are spending only 2 to 3 hours at home while

22 respondents are spending 4 to 5 hours for the same. But only 5 respondents are there with high experience i.e. 10 and above, out of which 3 are spending 7 and above hours whereas 2 respondents are spending 6 to 7 hours at home. As per the table more than 2-3 years experience respondents can manage more time for family but for fresher time management is not possible.

This indicates that with experience respondents come to know how to manage extra hours for her home.

7.4.3 Work Life Balance

To analyze the work life balance question was asked as “They can’t devote enough time for children and family”. Reply from respondents are tabulated in following tables:

Table No. 7.4.3
Work Life Balance

Hours at home	Strongly Agree	Agree	Partly Agree	Disagree	Strongly Disagree	Total
2 to 3	4	1	-	-	-	5
4 to 5	8	16	21	-	-	45
6 to 7	-	10	15	14	1	40
7 and above	-	-	4	14	2	20
Total	12	27	40	28	3	110

Source: Table No. 7.2.9 and Table No. 7.2.10

As per the above data researcher found that those women MR who spend 7 or more hours in managing their home disagree and strongly disagree for this statement that “They can’t devote enough time for children and family”. In this job they can manage doctor’s call timings and spare time for their family needs i.e. purchasing vegetables or other bill payment work such as Electricity Bill, Phone Bill, children’s school payment, bank related work, medication of family members. But fresh candidate in this field can’t devote such timing for their family. They have to spend their full time in field for locating the doctors and to adjust their timings. With experience they sharpen their time management. They come to know the

exact location of doctor. They manage call appointments. So only few of new candidates strongly agree with this statement i.e.5. They can spare only 2-3 hours for their home and children.

7.4.4 Domestic Work

Table No. 7.4.4
Domestic Work

Hours	Full time servant	Part time servant	Husband	Children	None	Other relation	Total
2 to 3	2	1	1	-	-	1	5
4 to 5	7	27	4	-	-	7	45
6 to 7	4	27	-	-	3	6	40
7 and above	2	14	-	-	4	-	20
Total	15	69	5	0	7	14	110

Source: Table No. 7.2.10 and Table No. 7.2.11

Working women need help for domestic work as they have to manage work life balance. As per above table 20 respondents, spends 7 and more hours for managing their home, out of which 14 are having part time servant, 2 are having full time servant whereas 4 are managing themselves. About 40 respondents who spend 6 to 7 hours for managing their home, only 3 respondents are independent, 4 are dependent on full time servant and 6 respondents are taking help from other relative (mother, sister, mother in law etc.). Majority of respondents i.e. 27 respondents are dependent on part time servant.

Maximum respondent i.e. 45 spends 4 to 5 hours in a day, out of which 7 depends on full time servant, 27 depends on part time servant, 7 depends on dependent on other relatives. 4 of them take help from their husband for domestic work. Only 5 respondent are there who spends 2 to 3 hours for their home.

This shows that Majority of respondents i.e. 69 are dependent on part time servant. In general medical representative spends 4 to 6 hours for managing their home .

7.4.5 Household Budget

Table No. 7.4.5
Household Budget

Salary (Rs.)	Parents	Self	Husband	Both H and W	Other Relation	Total
5000- 10000	6	-	2	2	-	10
10000- 15000	4	-	-	10	1	15
15000- 20000	11	6	-	12	1	30
20 and above	39	9	-	4	3	55
Total	60	15	2	28	5	110

Source: Table No. 7.2.16 and Table No. 7.2.5

As per the above table researcher found that decision for household budget is taken by Parents i.e.60 as out of 110 respondents 80 are unmarried. From married respondents i.e. 30, only 2 respondents husbands are taking care of the budget whereas 28 respondents are doing it equally with husband. Only 15 respondents reported that they are managing their household budget on their own. All these respondents belong to the income group of Rs. 15000 to 20000/- and above Rs. 20000. Out of 110 respondents only in the family of 5 respondents budget is managed by other person in relation like grand mother, grand father, uncle etc. Researcher found that with increment in Salary women can manage her household budget on her own.

7.4.6 Relation between Experience and Increased confidence in managing finances

Table No. 7.4.6

Experience (In Years)	Strongly Agree	Agree	Partly Agree	Disagree	Strongly Disagree	Total
0-1	14	11	2	0	0	27
2-3	24	15	5	0	0	44
4-5	8	5	4	0	0	17
6-7	3	4	3	0	0	10
8-9	4	3	0	0	0	7
10 and above	2	2	1	0	0	5
Total	55	40	15	0	0	110

Source: Table No. 7.3.4 and Table No. 7.3.8

As per the above table researcher found that maximum respondents i.e. 55 and 40 strongly agree and agree respectively with the statement that “Has this increased confidence in job

enhanced your confidence in personal life in managing finances such as making investments”, whereas no one disagree / strongly disagree for the same. With experience she comes to know how to manage finances

7.4.7 Overcoming Problems

Table No. 7.4.7
Overcoming Problems

Experience (In Years)	Strongly Agree	Agree	Partly Agree	Disagree	Strongly Disagree	Total
0-1	11	10	5	1	0	27
2-3	15	17	9	3	0	44
4-5	8	5	3	1	0	17
6-7	6	2	2	0	0	10
8-9	5	1	1	0	0	7
10 and above	4	1		0	0	5
Total	49	36	20	5	0	110

Source: Table No. 7.3.4 and Table No. 7.3.8

Respondents were asked whether confidence in job increased confidence in overcoming personal problems. It was found that with experience women come to know how to overcome any type of problem in her life. Majority of respondents i.e. 36 and 49 respondents agree and strongly agree that with working experience she can solve any type of problem in her life.

7.4.8 Effect of Salary Rise on lifestyle

Table No. 7.4.8
Effect of Salary Rise on Lifestyle

Salary (Rs.)	Necessity	Luxury	Total
5000- 10000	10	0	10
10000- 15000	11	3	14
15000- 20000	12	20	32
20 and above	15	39	54
Total	48	63	110

Source: Questionnaire and Table No. 7.2.5

Figure No. 7.4.2
Effect of Salary Rise on Lifestyle



Source: Table No. 7.4.8

As per the theory of Maslow's Hierarchy a person first tries to fulfill his basic needs then he wish to complete his luxurious needs therefore researcher divided this needs in 2 categories i.e. Necessity and Luxury. House/Flat, 2 wheeler, household things, children's schools fees these are coming under necessity and Domestic tour, foreign tour, jewellery are under luxury. In above presentation researcher found that with less salary i.e. Rs. 5000-10000/- they are not able to fulfill their luxury they have to spend the money in basic needs but with high salary i.e. more than 20000 they can spend more for luxurious life. In above graph line is going upward as expenditure in Luxury rises.

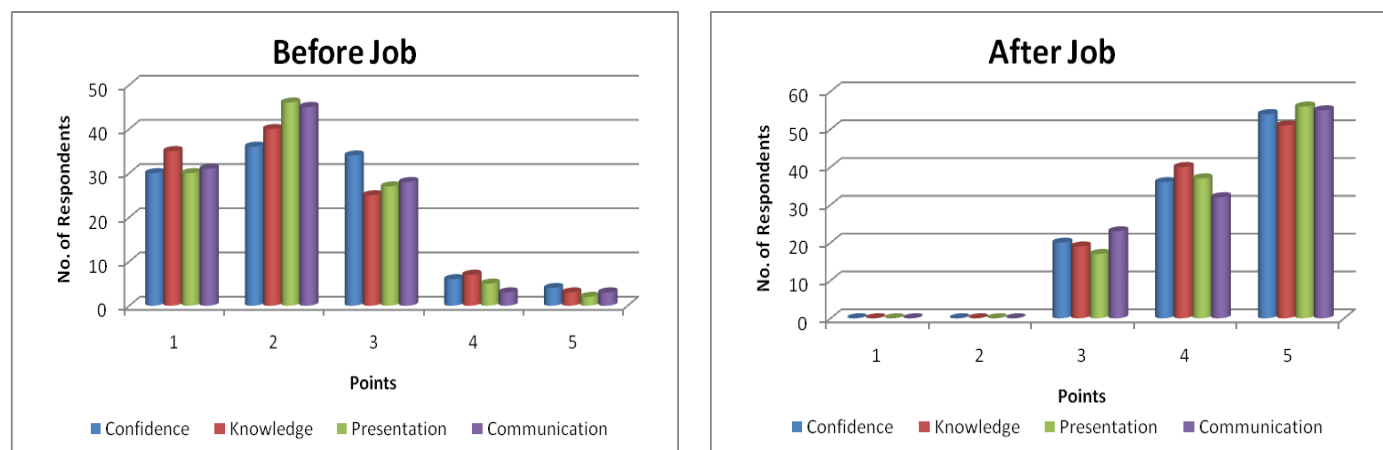
7.4.9 Development of Skills

Table No. 7.4.9
Development of Skills

Skills	Before Job					Total	After Job					Total
	1	2	3	4	5		1	2	3	4	5	
Confidence	30	36	34	6	4	110	0	0	20	36	54	110
Knowledge	35	40	25	7	3	110	0	0	19	40	51	110
Presentation	30	46	27	5	2	110	0	0	17	37	56	110
Communication	31	45	28	3	3	110	0	0	23	32	55	110

Source: Questionnaire

Figure No. 7.4.3
Development of Skills



Source: Table No. 7.4.9

To understand the improvement in their skills respondents were asked to rate themselves for skills like confidence, knowledge, presentation and communication in the terms of points. As per the above presentation, data reflects that before joining this field, majority of respondents rated themselves in between 1 to 3 and after joining this field, they discovered improvements in these skills. Respondents stated that when they joined Pharmaceutical field, they did not have much knowledge about medicine but now after joining the field they have enough knowledge about their product and other medicines also.

In this field, knowledge and presentation skills have improved as they frequently need to present their products. Communication has been enhanced as they need to interact with doctors and pharmacist regularly. With the enhancement of all these skills, their confidence levels are automatically boosted.

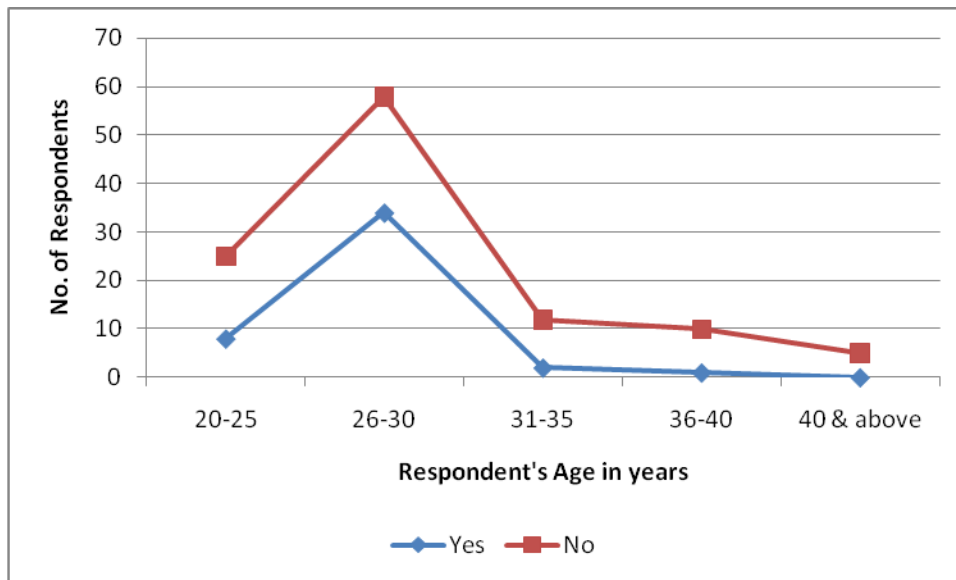
7.4.10 Effect of ageing and job continuity

Table No. 7.4.10

Age	Yes	No	No. of Respondents
20-25	8	17	25
26-30	34	24	58
31-35	2	10	12
36-40	1	9	10
40 and above	0	5	5
Total	45	65	110

Source: Table No. 7.2.1, Table No. 7.3.5

Figure No. 7.4.4
Effect of ageing and job continuity



Source: Table No. 7.4.10

As per the above presentation, all respondents from age group of 40 and above i.e. 5 are not ready to continue this job whereas majority of respondents i.e. 34 (from the age group of 26-30 years) are ready to continue in this job. This means with the ageing this field is quite hectic for women. In the age of 20-25 and 26-30 they are in this job for interest or to get experience. But after certain age they feel early exhausted with hectic job so they need somewhat relaxed job.

7.4.11 Relation between Salary and Individual sales

Table No. 7.4.10

Salary	Sales per month				Total
	Upto 1 lakh	1-3 lakh	3-6 lakh	6-10 lakh	
5000- 10000	10	-	-	-	10
10000- 15000	-	15	-	-	15
15000- 20000	-	-	30	-	30
20 & above	-	-	-	55	55
Total	10	15	30	55	110

Source: Table No. 7.2.5 and 7.3.2

As per the above data, 10 respondents who are getting salary in between Rs. 5000- 10000/- per

month they gives sales upto Rs. 1 lakh, whereas 15 respondents gives the sale from Rs. 1-3 lakh who have the salary slab of Rs. 10000- 15000/- per month. About 30 respondents who gets salary between Rs. 15000-20000/- produce the sale of Rs. 3-6 lakh. Majority of respondents i.e. 55 contributes sales of Rs. 6-10 lakhs per month who get the salary more than Rs.21000/-.

This shows as their sales increases their salary grows.

Conclusion:

In this chapter Researcher analyzed collected data from questionnaires filled by the women employees of the pharmaceutical companies. In next will state the final conclusion and findings of the study.

CHAPTER VIII

FINDINGS AND CONCLUSION

The findings are based on analysis of primary data as well as review of literature. The primary data is collected through structured questionnaire addressed to women employees under consideration. The findings based on survey of female employees in Pharmaceutical Industry of Pune City.

Through the answers from questionnaire researcher found some psychological factors like capability to work under pressure. How one reacts to a particular situation, how she manages work and peer pressure.

Interpretation found according to the different variable as follows:

8.1 CONCLUSIONS REGARDING PERSONAL INFORMATION

8.1.1 Age

Out of 110 respondents, only 4 % respondents are of age above 40 years and 53 % women are from age group of 26 to 30 years. It means that this field is quite attractive for the freshers. Good salary scale attracts them. The Bachelor of Pharmaceuticals and Science graduates can look forward for good working experience as well as they can also grab further opportunities in Product Management Department on higher positions. At the age of 20 to 30, young boys and girls like to drive and travel. So they enjoy this field in the beginning at the time of their joining.

In this field, good established companies do not allow candidates beyond the age of 26-28 years at the fresher level. If the candidates have some pharmacy experience then only they can enter in the company beyond the age of 28 years.

8.1.2 Educational Qualification

Among the sample, only 5% respondents are B. Pharm. with Post Graduation, whereas majority of respondents are from other faculty i.e. 45%. Thus it can be concluded that the basic qualification required is graduation for Pharmaceutical marketing. Researcher found

that there are graduates from all streams along with pharmaceutical graduates. But Pharmaceutical graduates often see this field as a tool for experience and then they try for Production Department. So ultimately they become less in numbers and science or other graduate respondents become more in this field.

8.1.3 Family

Out of 110 respondents, majority of the women are from nuclear family i.e. 64%. Remaining 36% are from joint family. It clearly indicates that, most of the respondents belong to nuclear family. In nuclear family, nobody is there to take care of their child so the respondents need help like crèche or a full time or part time servant. Very few respondents stated that they are from joint family.

8.1.4 Family Member's Qualification

Among the sample, 49% of respondents belong to qualified families, whereas 12% and 32% are from families who are educated only upto 10th till graduation respectively. This shows that majority of women are from qualified families. These families always support women for field work job.

8.1.5 Salary

Out of 110 respondents, 55 respondents were earning more than Rs.20000/- per month whereas only 10 respondents are earning between Rs.5000 to 10000/- per month.

As per the feedback of respondent, fresher get fix salary. Then with some experience on the job, they start mastering skills in Sales and learn to achieve the target. From then, they earn more money in the form of incentives and get monetary benefits.

The gross salary package for a Medical Representative may range more than 21,000/- per month depending on the company profile, seniority etc. It differs to a great extent in Indian companies as well as in multinational companies. This gross salary package is excluding the incentives earned by a Medical Representative.

The Perks differ as per as different Pharmaceutical companies. The Sales personnel have Daily Allowance (DA) as well as Traveling Allowance (TA), Yearly performance based Increments and Incentives. Incentives could be Product based or based on achievement of Sales Target (Monthly/Quarterly/Annual).

Many companies also give Kit allowance, Petrol allowance, Telephone Reimbursement, Postage/courier expenses etc. Necessary expense proofs need to be attached with the monthly expense statements and forwarded to Head Office after the approval from their immediate superior.

Many companies have Sales / Performance related incentives in the form of National or International tours with spouse. This is motivational methods help them to achieve their set targets.

8.1.6 Family Income

There are only 9% respondents who are from high income group family i.e.Rs.60000/- per month whereas 36% belong to families of income group of Rs.40000-50000/- Researcher found that though family income is sufficient, their families support respondents for marketing job. They want their daughters to be independent, confident.

8.1.7 Marital Status

Only 27% respondents are married whereas 73% respondents are unmarried. It can be concluded that unmarried women can survive in this field more easily. Researcher found that married women normally discontinue this job after delivery. As healthcare and childcare is a difficult task along with the daily long driving job. But some respondents do fight with the situation and continue with this field.

8.1.8 Number of Children

Out of 30 married respondents, 25 respondents i.e. 83% have only one child whereas 7% respondents did not have children and 10% have 2 children. Researcher found that many respondents have no child. Some of them have 1 or 2 children.

8.1.9 Family Time

“Employees are increasingly recognizing that work is squeezing out personal lives and they are not happy about it. Studies suggest that employees want jobs that give them flexibility in their work schedules so they can better manage work-life conflicts. Organizations that don't help their people achieve work-life balance will find it increasingly hard to attract and retain the most capable and motivated employees. Research on work/life conflicts has provided new insight for managers into what works and when. Time pressures are not primary problem underlying work/life conflicts. It is the psychological interference of work into family domain

and vice versa. People are worrying about personal problems at work and thinking about work problems at home. This suggests that organizations should spend less effort at helping them clearly segment their lives” **(Robbins, (2003):21, 510-512)**

Majority of respondents i.e. 36% expressed that they partly agree that ‘working women can’t devote enough care for family’ but only 3% of women MR strongly disagree.

Researcher found that some respondents easily manage their timings to devote for their family and children. Along with the experience they learn to adjust the timings so they found it easy but new candidates who have to shuffle with different areas face trouble to manage the time. In that case they need help from servants for domestic work.

This field is quite flexible. Time can be adjusted for personal work but this time management skill gets developed after some work experience.

Good employers need to recognize that part of their obligation to their workers is to ensure that they are not working so hard so as to damage their lives outside of work or lead to health problems. Long hours are not just potentially damaging to the individual employee but also to the company itself. Companies need to understand that long hours may lead to lower motivation, morale, turnover and productivity of employees and unfavourable reputation in the labour market.

8.1.10 Home Management

Organizational response to work-life conflict of employees is an important issue that has received broad attention from governments, researchers, employers and employee representatives in recent years. Firms that adopt various work-life balance policies increase the job tenure and decrease turnover probability of women employees. Dependent-care services increased retention rates in the short term and on long-term increased attached to the firm. **(Chiang Hui-Yu (2008):2)**

This strategy will also be appreciated in this pharmaceutical field.

Only 5% respondents were spending 2-3 hours in a day for managing their home whereas 36% respondents spend 6-7 hours.

With some experience respondents come to know about shortcut routes. So they can reach

early on the decided place and save their time. But this happens only with experience. Also with experience they develop good relation with receptionist, attendants and doctors. They also learn to manage with other customers such as chemists and stockiest. Thus they can give their spare time to their family and manage their home.

8.1.11 Domestic Work

For domestic work, majority of respondent i.e.69% are dependent on part time servant, whereas only 5% depending on their husband and 13% dependent on other relations (mother, sister, mother-in-law).

As stated earlier many of respondents are from nuclear family so for domestic work they have to take service or help from servant. This service can be full time or part time according to their time management. If they have sufficient timing they prefer for part time servant. Unmarried respondents have their family members to help in domestic work so they don't need servants.

Due to excessive pressure at home front, female employees complain that they get late very frequently on field.

8.1.12 Children Responsibility

Out of 110 respondents only 30 are married out of which 28 respondents are having children, out of which 43% respondents take help from crèche for child care.

As stated earlier married respondents need help but those respondents who are having children need more help for caring for their children. Sometimes they feel guilty about their duty towards their children.

Majority of married female employees prefer to keep their children in crèches rather than keeping with their in-laws.

8.1.13 Participation in Economic Activities

Only 2% respondents disagree with the statement “participation in economic activities makes women happier person”. Majority of respondent i.e.55% stated that they strongly agree. No one is strongly disagree for the same.

This shows that participation in economic activities makes women happier persons because they can spend their own money. They have ownership feeling. They can purchase what they want and this gives them great satisfaction. For every small requirement they don't need to

ask for money to other family members. Their economic support to family gives them good respect.

8.1.14 Working women's effect on family

People achieve success when they have the flexibility to meet the demands of their offices when you focus too much on one at the expense of the other then you risk putting your entire systems in distress. For an employee, balancing a challenging career with life outside work is a complex task. Work life and personal life are the two sides of the same coin. To maintain a reasonable balance is of utmost important (**Excel Books (2011):1**)

The response of the respondents to the statement that, "If wife is working, there is conflict of authority between husband and wife" was that 41% respondents disagreed with above statement whereas 32% partly agree and only 9% agreed with the same. No one strongly agrees with the statement.

"Working wife can understand husband's problem better". For this statement 39% respondents strongly agree whereas only 9% disagree with the same. No one is strongly disagreed.

Many of the respondents stated that there is no conflict of authority between husband and wife. If husband agree for the field job for his wife then he has that understanding with his wife. In other way wife also becomes more understanding and patient with this job. She handles number of different kind of customers. With this experience, she can also understand her husband's problem in better way. Thus it can be concluded that respondents have a positive attitude towards working women as shown by agreement with the positive statement and disagreement with the negative statement.

8.1.15 Earning and Expenditure

"There is not much economic gain by working women's earning because most of it is spent on the extra expenditure incurred because of her work". Only 5% respondents agree but no one strongly agrees with this statement. Majority of respondent i.e. 60% strongly disagree with the statement whereas 22% respondents disagree and 14% partly agree.

This concludes that pharmaceutical marketing is field work with heavy traveling and they have to work outside on the field so respondents need to spend on food and traveling. Field

work results in skin tanning. They need to be presentable as a professional so they visit parlors and take care of their skin and hair. So it is generally thought that they are spending all their earning on their daily expenses. But as per study this is not right because they are earning more than their expenses.

8.1.16 Household budget

Out of 110 respondents 80 are unmarried out of which 54% respondent's parents are managing the household budget, whereas 25% respondent says both husband and wife are managing their budgets.

Regarding the household budget it is basic requirement for every family. For unmarried respondent their parents use to manage household budget. But for married respondents majority of respondents are managing budget themselves or equally with their husband. With this field work they get confidence at every level.

8.1.17 Help of Joint Family

“Joint family make easier for women to work outside”- 36% respondents agree that joint family is helpful for working women whereas 20% strongly agree. Overall, 25% respondents disagree with this statement and 75% agree.

As Researcher studied there are only 40 respondents from joint family remaining are from nuclear family. Majority of respondents agreed that joint family is always helpful for working women.

8.1.18 Women should work if family income is not sufficient

Majority of respondents i.e. 36% strongly disagreed for this statement. None of them strongly agree for the same. According to the study many other factors are responsible for the working. Of course nowadays it is difficult to manage with single earning. Family income is always not sufficient so this is one of the definite reasons to work. Along with that, satisfaction of economic independence is the major reason. Some respondents want to make use of their education and utilization of their free time, some of them want the experience for life as well as their further career achievement and some of them work only for fun.

8.1.19 Women are not suitable as men for high position

As per the data 57% respondent strongly disagree with above statement because Researcher found many respondents are already working as Area Manager, Regional Manager, Zonal

Manager, National Manager and Vice President. This itself indicates that they are capable enough for higher position.

8.1.20 Working women have better status in family

Out of 110 respondents no one is strongly disagree for above statement, whereas majority of respondent i.e. 55% strongly agree.

It clearly indicates that, when women work and earn she develops her confidence. This confidence reflects in her personality. She become strong in decision making .Everybody start respecting and she develops better status in family.

8.2 CONCLUSIONS REGARDING WORK RELATED INFORMATION

8.2.1 Driving

Majority of respondents (i.e. 42%) are traveling 61-80 km per day whereas 35% respondents traveling 41-60 km. Only 5% respondents are traveling more than 101 km in a day.

This shows that, daily common traveling is 41- 80 kms for majority of respondents. They work as per their tour plan which they submit before one month. Everyday they visit the cluster of doctors. Area varies day to day so daily kilometers differ.

8.2.2 Individual Sales

Majority of respondent i.e.55 contributes 6-10 lac sales per month. This shows their contribution in sales which ultimately affect the turnover of the company. The company has major role in development of Pharmaceutical Industry. As discussed earlier Pharmaceutical Industry has a huge share in Indian Economy. This chain indicates women MR as a role player in Indian Economy.

8.2.2 Meeting and Training sessions

Out of 110 respondents, 35% are having weekly sessions and 43% respondents are having monthly meeting sessions.

It clearly indicates that, majority of respondents have monthly and weekly meeting sessions as they are not having any office. So they need to meet at once in a week or in month for sales discussion.

In meetings they have CAS (Campaign at sight) preparation. In CAS they write planning for

next month or next quarter (3 months) in which they have to write how many doctors they are going to meet, what product they will introduce, what inputs (prescription pad, pen, product reminder etc.) they will give to customer. They also have sales review and projection in the meeting. All work reports being submitted in these sessions. In these sessions they also go through training in which they learn about new product, sharpen their sales skills, and revise their product knowledge. As well as they practice for presentation and also get relaxed with some small picnic.

Training ensures better body language, vocalization, verbalization, pronunciation, confidence, and eye contact. Thereby, the objectives of the pharmaceutical organization are realized.

8.2.3 Leaves

Majority of respondents i.e. 68% are taking only 1 leave per month whereas 9% respondents are not using any type of leaves in the month.

Researcher found that maximum respondents reported that they take only 1 or 2 leaves per month. If they have some health issues or some major family issues for themselves or their family members then only they require the leave. But for any other work they can manage in duty hours.

There are maternity leaves upto 3 months. But because of driving they need to extend their leaves which may raise some conflict issues.

8.2.4 Work Experience

Only 5% having 10 years and above experience whereas 40% women respondents are having 2-3 years work experience in pharmaceutical field. This shows that many of the respondents are fresher or having 2-3 years experience. Researcher found that after certain experience some respondents go for production job.

8.2.5 Industry Retention Decision

Researcher found that, 65 respondent (i.e.59%) are not ready to continue this job whereas 45 (41%) are ready for the same.

This means maximum respondents are not ready to continue this job as there is too much travelling and sales pressure. But some respondents really enjoy their job still they keep on

changing their company for better salary. Therefore retention of employee is big issue for pharmaceutical company management.

8.2.6 Cause behind this job

Majority of respondent i.e. 61% are working only because of their need and 39% respondents are working with interest.

Previously work was considered as necessity but now the role of work has changed throughout the world due to economic conditions and social demands as well as personal satisfaction.

Majority of respondents are in this job for need since they have to supplement their family income. Some respondents have their interest in this job because they want to enhance their standard of living as well as better status also they are interested in the particular work field, they also want to utilize their educational qualification and they want to use their spare time.

8.2.7 Changes they discovered in personality

Researcher found that 31 respondents increased their stamina with this field whereas 58 respondents i.e. 53% realized their future prospects. And 87 respondents i.e. 79% increased their confidence and convincing power, whereas 79 and 29 respondents improved the knowledge of city area and presentation skills respectively. Majority of respondents i.e. 102 improved their communication skills with this job.

Respondents learn to be more self representative with this job. They increased their confidence level and convincing power because they need to tackle different kind of customers. To achieve their target they have to convince their customers so they develop their skills to deal with customers. Along with this experience they become smart to know people. Heavy work structure and sales pressure increase their stamina and skill along with improved communication. They travel in different areas and long distance due to which they increase their knowledge of the different areas of the city. They can easily move around in the city and find the required place in the city. This field gives them financial stability and realization of future aspects.

8.2.8 Confidence level increased

After joining the field they get confidence for traveling in the city, this was stated by 23%

respondents. Majority of respondents (i.e. 36%) reported that their presentation skills improved. They need to make presentation for doctors and for seminars so they get confidence in making presentations. They are getting confidence for closing the sales. Their communication is also full of confidence.

8.2.9 Outcome of Increased Confidence

‘Women in this field can manage the finances’ 50% respondents strongly agree with this statement. When their confidence level increased they become smart about their own decision. Also they start investments for their future. They are very keen about the solutions for problems. They learn to overcome problems in their personal life as well.

8.2.10 Reaction to Rude Clients

Managers should be made accountable every time they request an employee to stay back. Clients should be embarrassed to consistently demand service at crazy hours. Employees should be less passive and question the need to work extra hours except in a crisis. Employers should create a culture across the company that puts all this in place and then shout from their rooftops if they have achieved this. **(Subramaniam (2008):79)**

Overall 43% respondent stated that they are getting upset with rude clients. They are getting upset with rude clients as they have to convince the scholar i.e. doctors, pharmacist. So they need to be confident for their product. Along with experience they develop patience. They learn to be prudent which definitely helps them to handle rude clients.

In this field, some doctors are available only late in the evening after finishing their OPD. Many respondents look forward for the solution of this problem. They suggest for the understanding from their clients i.e. Doctors.

8.2.11 Positive attitude

As per the data 52% respondents strongly agree that this job helps them to develop a positive attitude whereas 36% agree. Thus overall 88% respondents agree that they have developed a positive attitude after starting this job. This field teaches lots of things which are helpful for life. Researcher found that many of the respondents are with full of positive attitude. In their working they develop their positive attitude because they have to convince all kind of

customers, even rude ones, for prescribing their brand. They overcome the highest resistance from their customers and convert the clients. This approach builds positive attitude.

8.2.12 Lifestyle of Women MR

In every month 54% respondents visit beauty parlours whereas 58% spend time for shopping. They are professional hence their lifestyle is quite quality oriented. They spend much on good quality clothes, shoes and other accessories. In their profession they have to be presentable so they take care of their personality. They earn handsome amount so they do not compromise for their and their family's requirements.

8.2.13 Advantages of this job

As per study, 74% respondents stated that their confidence level had increased with this job, which shows definitely that this job increases confidence level. In this field respondents get more exposure as a person. They get good earning with personal growth, 89% respondent stated the same. Their knowledge of medicines is updated. They receive medicine samples to distribute, which many times doctors do not accept so they are left with medicine samples which they can use for themselves as well as for their relatives if required. Also they have field friends from other companies so they can arrange any kind of medication for themselves or for their relatives at the discounted rates or may be free of cost. They develop good contacts.

88% respondent updated their knowledge with this job and 67% developed patience. Understanding level has increased for 44% respondent.

With this profession their understanding level increases and their knowledge is updated so they develop self respect.

About 70% respondents improved their time management and 69% say that they can easily manage other work on duty also. Their patience level increases and they learn well about time management. They can manage other personal work during their field work. So there is no need to take long leaves for family work. They are hard working and in this field their hard work is properly paid because along with salary they get high incentives after achievement.

8.2.14 Disadvantages of this job

Researcher found that though there is good opportunity with this field but there are some disadvantages. There is no excuse for seasonal disturbances they have to work in heavy rains and strong summer, 57% stated the same. Out of 110 respondents, majority of respondent i.e.103 said that this field gives exposure to pollution. Because of this they face skin problems. Some respondents noted that there is no respect given by people, some people look towards them as a salesman who moves door to door. Because of the long area coverage i.e. area wise doctors (total 100 -250), everyday 10-12 calls, also chemist as well as stockiest visit they need to travel too much. They have to wait long hours for doctor call as well as stockiest call. Hence they feel that this job is very hectic and time consuming. They have to face health issues like back pain, neck pain, skin tanning, shoulder pain etc. Too much energy level is consumed because of this continuous driving and work pressure.

8.2.15 Back Pain

Majority of the respondents have mild back pain (i.e.58%). This means after certain age they have to suffer from back pain. Continuous driving during their menstruation cycle, no rest and continuous working increase their health problems. Females have certain health issues because of the child birth. After delivery they become weak, which again increases their back pain.

8.2.16 Sales Pressure

As per the survey 35% respondents feel that sales pressure is irritating whereas 10% feel it is threatening. At the end of every month there is sales closing and they have to face the sales pressure. They are always in tension or the situation is very irritating for them. Sometimes the stockists make them wait for a long time to place their order. This situation creates more pressure for closing.

8.2.17 Attitude of Male Colleagues

1. Contribution of Sales

As per the survey 44% respondents say that male colleagues accept their contribution to sales, 15% say that males do not accept

Nowadays male colleagues are supportive for female colleagues and they agree for the contribution in sales from their female colleague.

2. Agree for maternity leaves

Only 13% respondents say that male colleagues cooperate for long leave for maternity of women MR but 39% respondents say males do not cooperate for the same.

Women MR gets three months leave for maternity. Company provides them salary for this period. If the team achieves the targets, company gives incentives for complete team. This time the amount is shared by all team members. Many times male colleagues do not agree for this share because they are unwilling to share the incentives with female colleagues who they think have not worked during the period for which the incentive is given.

8.2.18 Other Problems

As per the data, 48% respondent stated that male colleagues dominate them. When women MR work with seniors like Managers, sometimes the Managers are rude to them and insult them in front of other people. Seniors think that women are very delicate and they are not able to work properly, which is not right. In fact the women MRs are very sincere.

Majority of respondent (i.e.80%) say that there is no local office in the city so it is quite difficult for women. Toilet facility is not there so they have to wait for a long time which is again a hazard to their health.

Respondents need to go to the stockiest for order of their product (medicine) but every time they are not able to get the right information or proper order. Many retailers also ask them for some amount for giving the order.

8.2.19 Solution of the problem

As per the table No.7.3.19, about 69% respondents say that representatives must believe in self to get rid of their work related problems. 50% say they need to have positive attitude whereas 67% suggested for patience for solution of the problem. Just avoid such people who demotivate them and try to focus on their goal. Time management can be done by women MR. They need to make a proper working schedule.

Company should give proper training to colleagues and subordinates who are very rude. Seniors should give equal treatment to both male and female employees.

Senior should give tour plan which does not involve long distance travelling for women MRs. They can give the work structure according to which night calls can be avoided for female

candidates.

8.2.20 What can be done by

MR herself

The important aim of this study is to identify Women MR's own abilities and strengths. They must take care of their health, timely checkup and proper rest when it is required. Women MR should develop their relation with customers, proper plan should be done for the working, they should groom themselves and they should increase their patience level. They should develop a network of influential customers. They should educate and influence customer's thinking. They should listen to and understand the customer. They keep on representing customer concerns within organization. They should confidently handle day-to-day work challenges.

MR should not get overwhelmed by assuming that they need to make big changes to bring more balance to their life. They need to slowly build more activities into their schedule that are important to them. Maybe they can start by spending an hour a week on their hobby or planning a weekend getaway with their family once a year. Even during a hectic day, they can take 10 or 15 minutes to do something that will recharge their batteries. During waiting hours at doctor's clinic they can read a novel or listen to music. They have to make a little time for the things that ignite their joy. As happiness has direct relation to productivity one needs to think of the things which make them happy.

Company

The organizations that have developed work life balance programme have found happier and more productive employees. Apparently, many firms and managers believe that bringing about work life balance is a personal problem and not an organizational issue. **(Ivancevich (2006):180-181)**

Out of 110 respondents, 45% of respondents say that, company should give flexibility in working schedule and 65% say that company should adopt positive approach as the solution of all Women MR's problem. They should provide part time working during early stage of child care. They can implement Family Friendly programme such as child care facilities, parental leaves. Organizations need to develop policies that create a women friendly workplace environment.

Company should give guidance to seniors about behavior. Promote awareness initiatives that highlight the value of female employees. Organizations should have a true commitment to hire and promote women and include women in the annual business strategy.

Majority of respondents i.e. 86% says that, company should provide local area center, rest rooms etc. in the city for the women. They should focus on health and well being of employee.

Good work life balance policies in the organizations win the loyalty and commitment from the employees. Good work life balance policies encourage teamwork and good communication.

Another way to show you value your employees is to trust them to do their jobs. If managers are constantly micro-managing them, they are not encouraging them to become leaders themselves.

Experts also believe that organizational culture has a great impact on who stays and who goes. And the culture of an organization is determined by the quality of the relationship between bosses and their subordinates. According to a popular saying, employees never leave the company, they leave their bosses. An inefficient boss creates poor work culture, which is one of the frequent reasons for quitting.

Family

Majority of respondents i.e. 90% expect that their family should be always supportive. They have to help women in their domestic work. They should motivate the person who is working for them. Sometimes women MR have to wait for a long time for their call in the field or for the sales closing. So if they come late at home family should be understanding.

Support from family members is important to the female employee whenever she is required to perform the balancing act between personal life as well as work life.

Colleagues

Out of 110 respondents, 101 women say that colleague should be co-operative. Support from

Colleagues is very important. The employees have healthy relations with the other colleagues in the organization they are working. If there are conflicts between the female employees and other colleagues, the colleagues will be reluctant in giving the support needed.

Colleagues should be co-operative and positive. They need to be friendly so working atmosphere will be healthy and friendly. They should keep in mind that women colleagues also have same target for doctor's visit as well as sales. So they should agree for their contribution.

8.2.21 Opinion about the job

Majority of respondents i.e. 68% stated that this is a hectic job. Out of 110, 45 respondents say that this is challenging job, whereas 73 respondents i.e. 66% say that this job gives them good earning. Researcher found that this is challenging job. Nowadays medicine is basic requirement so it is never ending field. This job gives different types of experience, give knowledge of medicine. Scientific view develops.

There is too much traveling in this field so it is quite hectic so not possible to continue after the age of 40 or 45 for women but it is a good earning job. Pharmaceutical marketing is simple as compared to other marketing for women.

Thus the overall conclusion is that although there are several problems in this job, women still choose to take up and continue with this work as there are enough advantages that outweigh the disadvantages. It is only after reaching the age of 40 that most women MRs decide to leave the field.

8.3 Hypothesis Testing

1. Pharmaceutical marketing is giving economic benefit to Women Medical Representative

As per the Table No. 7.3.7, about 57% respondents said that they got financial stability with this job. As per the Table No. 7.2.5 majority of respondent i.e.55 were earning more than Rs. 20000/- per month. Highest salary is Rs. 48000/- per month. The gross salary package is excluding the incentives earned by a Medical Representative.

As per the Table No. 7.2.13, about 55% respondents strongly agree with the statement that, "participation in economic activities makes women happier person".

About 86% respondents agreed that increased confidence in job enhanced their confidence in

personal life in managing finances such as making investments. (Table No. 7.3.9)

As per Table No. 7.3.12, respondents are spending their time and money every month for shopping and Beauty Parlor 54% and 58% respectively, whereas 45% and 42% are spending occasionally on shopping and beauty parlour. For field work they need to be a presentable always.

Majority of respondent i.e.89% stated that this is good earning field, 56% stated that this field gives financial growth (Table No. 7.3.13).

About 10 respondents who are coming under the salary slab of Rs. 5000-10000/- are not able to fulfill their luxury and spend the money in basic needs. About 39% respondent avail luxurious life with high salary i.e. more than 20000/- (Table No. 7.4.8).

Majority of respondent i.e.55 contributes 6-10 lac sales per month. This shows their contribution in sales which ultimately affect the turnover of the company. The company has major role in development of Pharmaceutical Industry. As discussed earlier Pharmaceutical Industry has a huge share in Indian Economy. This chain indicates women MR as a role player in Indian Economy. (Table No. 7.3.2)

Hence above statement is proved.

2. Working conditions of women Medical Representatives are tough physically and mentally.

This field needs extra efforts as excess traveling in all kind of environmental situation which definitely increases strength. Women learn to face tough physical and mental situation. As per the Table No.7.3.14, about 57% respondent stated that they have to work in rain and summer which is very tough for them. About 42% respondents stated that they need to drive 61-80 km per day (Table No. 7.3.1) which is very hectic for women. 69% respondents stated that they are facing problem of back pain (Table No.7.3.16) whereas 12% respondents face the problem of skin rashes (Table No. 7.3.15). This shows working conditions of MR are physically tough.

As per the Table No. 7.3.17 about 50% respondents working under tension of sales pressure whereas 35% respondents are feeling irritating for sales pressure. While handling rude clients 43% respondents stated that they are getting upset, 28% respondents feeling indifferent, 22% feeling anger. (Table No. 7.3.11). This shows working conditions of MR are mentally tough.

With these physically and mentally tough working conditions, women MR are working in this field.

Hence this statement is proved.

3. Women develop personally and financially with this job and improve as a decision maker in their personal life.

Researcher found that after entering in this field women become confident. About 79% respondents stated the same. They can take any decision in their life. This field give them good earning so they become financially strong so obviously they develop personally also. This shows that above hypothesis proved positively. As stated (Table No. 7.4.9) respondents improved their confidence and knowledge and developed their presentation and communication skills after taking up this job.

As per the Table No. 7.3.7, all respondents reported improvement in various personal qualities as result of their jobs. Almost all respondents (93%) said that they improved their communication skills, 79% reported improved confidence, 72% gained better knowledge of their city, 57% said that they got financially stability.

Improvement in their job related skills has also helped them in overcoming personal problems as stated by 85 out of 110 respondents who agreed or strongly agreed with the statement that confidence in the job increased confidence in overcoming personal problems (Table No. 7.4.7).

As per the Table No. 7.3.7, about 57% respondents said that they got financial stability with this job. In this field 56% respondents personally improved their financial status. (Table No. 7.3.13)

Hence above hypothesis proved.

4. Women MR face physical problem like back pain

Because of continuous driving for long distance they face problem of back pain. As per the Table No.7.3.15, about 69% respondents reported that they are having back pain. And as per the Table No.7.4.1, the women below the age of 20-25 and 26-30 did not report severe back pain, whereas age 36-40 and 40 and above are invariably facing back pain. This shows that after a certain age, physically women are not able to drive a lot. In this survey every age group has reported mild back pain. But 34 respondents have no such complaints because they are below the age of 36 years. It can be seen from the table that as the age of respondents increased, both the frequency and severity of back pain increased.

This work gives them physical problem. Hence this statement is proved.

5. Family and work balance is difficult for women in this field.

As per the Table No. 7.3.13, about 70% respondent says that time management is improved in this job. Woman can manage the time schedule. As per the study Researcher found that it is a flexible job. As per Table 7.2.10, 85 respondents (77%) said that they were able to spend between 4-7 hours in managing their homes and this time was seen to reduce as they got more experience. They were able to manage their domestic duties with the help of servants or other family members.

On the other hand, 68% respondents say that because of the hectic work pressure it is difficult to manage family and work balance. As seen in Table No. 7.2.9, 72% of the respondents agreed that women MRs were not able to devote enough time to care for their home and children.

Hence the statement proved to some extent.

8.4 Testing of Theories:

1. Maslow's Hierarchy of needs

In questionnaire Researcher asked to respondent about their expenditure. How do they spend their earned money? Where do they spend? Which goods do they buy? Answers to these questions explain about their hierarchy of needs.

As per the theory of Maslow's Hierarchy a person first tries to fulfill his basic needs then he wish to complete his luxury needs therefore researcher divided these needs in 2 categories i.e. Necessity and Luxury. House/Flat, two wheeler, household things, children's school fees these are coming under necessity and Domestic tour, foreign tour, jewellery are under luxury. The respondents showed that at lower levels of income, they are first fulfilling only their basic needs of necessities, only when their salary increased above Rs. 15000, they were able to spend on Luxuries, as seen in Figure No. 7.4.2. Hence the finding of this research support Maslow's theory.

2. Herzberg's two factor theory

As per Herzberg two factor theory, he carried out his survey on factors affecting work motivation. Respondents were asked two questions: 1. When did you feel particularly good about your job 2. When did you feel exceptionally bad about your job?

Researcher also asked same type of question to the respondent: Advantages (Table No. 7.3.13) and disadvantages (Table No. 7.3.14) of this job.

In this study 74% respondent stated their confidence level increased with this job. Which shows definitely this job increases confidence level. In this field respondent get more exposure as a person. They get good earning with personal growth, 89% respondent stated the same. Their awareness for medicine is updated. They develop good contacts.

They are in hard working and in this field their hard work is properly paid because along with salary they get high incentives after achievement. Stay in seven star hotels during meetings is also the satisfaction factor for them.

These are the motivating factors for satisfaction whereas following will be the other dimension which is called hygiene factors that cause dissatisfaction:

There is no excuse for seasonal disturbances they have to work in heavy rains and strong summer, 57% stated the same. Some respondents noted that there is no respect given by people, some people look towards them as a salesman who turn door to door. Rude behaviour of seniors and some times customers.

These dissatisfaction factors were related to their job context as stated by Herzberg, and can be removed or repaired. Hence the Herzberg theory relates to the study.

To achieve motivation, managers should cope with both satisfiers and dissatisfiers. Improve hygiene factors- dissatisfaction is removed from the minds of employees. A favourable frame of mind is not created for motivation. Provide satisfiers, motivation will then take place. Managers should be realistic not to expect motivation by only improving the “hygiene” work environment.

8.5 Conclusions

8.5.1 Working women

1. Working mothers can have guilt feeling about their less devotion for their motherhood, as they have to leave their small children in the care of some one. If that someone is family member or nearby relative then the situation is favorable but if it is not so they have to take help from a hired person such as day care or full day servant. In this condition they have less satisfaction. They may feel that due to their employment they are not being able to give proper care to their children.

2. One more aspect about working women that develops the interest to know about how they adjust their working hours with their home duties, because women’s primary responsibilities are home and children. Though there are many facilities available to lower the burden of their work still working at home is additional duty for them after their outdoor working. So, they

will have a much larger working day and may feel overworked and tired. It is quite natural to expect that the women who work outdoors for eight to ten hours a day can not pay the same amount of attention to their home as others can. Thus they may feel that they are neglecting their primary responsibility.

8.5.2 Occupational Health and Safety:

A very low level of awareness exists among women workers and unions about occupational health hazards.

For pregnant women, little consideration is shown in the form of duty allocation, lighter work etc. as mandated by the Maternity Benefit Act.

Most respondents emphasized the dire need for rest rooms. The problems with supervisors who constantly increased their workloads were also reported, as was the mental tension caused by pressure to reach the given targets and that caused by irate customers.

Working late to meet doctors also raises safety issues for these women.

8.6 Limitations and Future Scope:

There is always a scope for improvement and this study is not an exception. The study relies on the feedback of the respondents. The results of the study are affected by this feedback and are subject to vary. These limitation need to be addressed in future studies.

Future Scope:

Future research must focus on a wider sample in order to get more generalized results. Moreover, it must be directed at understanding individual differences so that employee specific initiatives to improve work life balance could be initiated by organizations.

8.7 Recommendations:

MR

1. Medical Representative should speak out their problem. If they are facing any kind of problem by seniors or colleagues or even customers, they should discuss it with Company authorities.
2. Most of the companies don't allow employees to be a part of any type of Union. But every Medical Representative should register in union like FMRAI. Because they can get the support for their problem.

3. They must take care of their health, timely checkup and proper rest when it is required.
4. Even during a hectic day, they can take 10 or 15 minutes to do something that will recharge their batteries. During waiting hours at doctor's clinic they can read a novel or listen to music. They have to make a little time for the things that ignite their joy.

Company

1. Every company cannot accept the concept of local office in working area. In this situation they can tie up with food chain like McDonald, Coffee shop, etc. to allow their MRs to rest there for some time, particularly in the afternoon. It will be useful for that food mall also because afternoon time is not customer time. So MR will also get a place to rest.
2. In foreign countries as well as Government offices in India Maternity Act is followed. Company should follow the same in this field also. Because pharmaceutical field don't have 6 months maternity leave they have only 3 months leave. Post maternity also they should give concession for avoiding areas that require long driving.
3. Company meeting training sessions are boosting factor for employees. Companies always follow this strategy to motivate their employee. Along with this company can arrange one or two days outing for employee's family. Because of this family members will be able to interact with company culture which will be supportive for the candidate. Many companies are already following this strategy but all companies should follow the same.
4. Company should have tie-ups with Hospitals. By which they can provide various treatment (Physiotherapy- which will be useful for back pain, Gynac, Orthopedic etc.) at concessional rate. They can provide family packages also.
5. Company should have tie-ups with Gyms/ swimming pools. This can give opportunity for these MRs to take good care of their health and remain fit.
6. Company should have tie-ups with certain Auto Service centers. This can ensure good maintenance of vehicles and also keep a check on the mounting expenses incurred on travelling allowance.
7. Company can have modifications in carriages of two wheeler e.g. Mc Donald, Pizza-Hut motorcycles, which will be useful for branding of the company and at the same time the MR need not carry the heavy bags of samples everywhere.
8. Company need to arrange training sessions on Yoga, stress management, time

management, art of living, naturopathy. The MR should get the certificate also.

9. Company can have a movie screening for entire family of MR.
10. Company should give incentives in the form of accumulated leaves. If MR completes her target before time then they should be allowed to accumulate leave and allow her to take these accumulated leaves together may be in the month of May when her children are most likely to have vacations.
11. Company can even award incentives to MRs incurring the lowest expenses. This will help the company to lower their overall expenses and will also motivate other MRs to lower their expenses.
12. Company can give the discount coupons of different Malls like Star Bazar where the MRs can get their monthly groceries at discounted rates.
13. Company should have change in the job profile of MR who are above the age of 40 years. They can make use of their experience in training the new MR, quota allocation, report assessment, event arrangement like seminars/ annual meets rural health check-up camps. An MR with lot of experience can also work for market research activity. The senior MR can work as PRO for women to share and solve their problems.

Doctor

The doctor should respect informative role of MR while giving appointment he should consider convenience of MR also. Most of the Doctor's call timing for Medical Representative is in the evening. For female candidate doctor can make it in the day time. So women MR don't need to wait for late nights.

Family

Family should be supportive. This field is hectic so family members should be helpful for domestic work as well as they can give moral support to the female. They can share the problems from field by which working women will get motivation.

8.8 Final Conclusion:

There are too many problems for Medical Representative in Pharmaceutical company but they maintain work-life balance. They overcome all the problems. As per the Table No. 7.3.3 about 9% respondents are not using any type of leaves in the month. Many a times they need

leave for their menstruation cycle period but they keep on working. About 68% respondents stated the same that they are using only 1 leave for a month. This shows their positive attitude to accept the challenges in this field.

Overall women Medical Representative are able to work because of economic benefit and individual development of them.

Women constitute an important section of the workforce. However, the present situation of a large number of well-qualified women who due to various circumstances have been left out of their jobs needs to be addressed. The problems faced by women M.R. are several but significantly, most often the “break in their careers” arises out of motherhood and family responsibilities.”

Achieving a good balance between work and family commitments is a growing concern for contemporary employees and organizations. There is now mounting evidence linking work-life imbalance to reduced health and wellbeing among individuals and families.

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APPENDIX- A

Questionnaire

Personal

1. Name: - _____

2. Age: - _____

3. Qualification: - _____

4. Family Background:-

Members	Relation	Qualification
1)		
2)		
3)		
4)		
5)		

5. Salary: - (per month)

- a. Rs. 5,000/- to 10,000/- b. Rs. 10,000/- to 15,000/-
c. Rs. 15,000/- to 20,000/- d. Rs. 20,000/- & above

6. Total Family Income (per month):- _____

7. Marital Status: - _____

If married

8. Children:-

Boy	Girl	Age

9. What is your opinion about effects on family life when women work? [Tick on appropriate]

- 1) Working women can't devote enough care to their home & children.
a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree

2) Participation in economic activities make women happier person & they find it easier to adjust to life.

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

3) If the wife is working there is conflict of authority between husband & wife.

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

4) A working wife can understand her husband's problems better.

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

5) There is not much economic gain by women's earning because most of it is spent on the extra expenditure incurred because of her work.

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

10. On average how many hours a day do you spend in managing your home?

11. Who takes care of your children when you are on job?

- a. Full-time servant
- b. Part-time servant
- c. Husband
- d. Creche
- e. Not needed as children are grown up
- f. Relative (specify) _____

12. Who helps you in domestic work? [Tick on appropriate]

- a. Full-time servant
- b. Part-time servant
- c. Husband
- d. Children
- e. None
- f. Some other relation, Specify _____

13. Who manages the household budget in your home? [Tick on appropriate]

- a. Parents
- b. Self
- c. Husband
- d. Both (Husband-wife)
- d. Some other relation, Specify _____

14. Who does the household shopping? [Tick on appropriate]

	Self	Parents	In-Laws	Husband	Other Person
Monthly					
Weekly					
Twice in a week					
Daily					

15. Does living with joint family make easier for women to work outside [Tick on appropriate]

- a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree

16. Family member's attitude towards your job [Tick on appropriate]

Family Members	Understanding	Helping	Complaining about timing	Ignoring	Other, Specify
Parents					
If Married, Husband					
In-Laws					
Other					

17. What is your opinion about women's participation in economic activity? [Tick on appropriate]

- 1) Women should work only if the family income is not sufficient.
a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree
- 2) For holding jobs of high position, women are not as suitable as men.
a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree
- 3) Women should use their spare time fruitfully by working outside their homes.
a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree
- 4) Working women have better status in family.
a. Strongly agree b. Agree c. Partly agree
d. Disagree e. strongly disagree

Work Related

1. Company Name: _____

2. Incentives (Other facility): _____

3. Per day Driving in Kms: _____

4. Your individual target in Rupees _____

5. Reporting System:

- a. Internet b. Mobile c. Manual on paper report pad
- i) Daily ii) Weekly iii) Monthly iv) On spot _____

6. When do you have meeting sessions [Tick on appropriate]

- a. Weekly b. Monthly c. Quarterly d. Half-yearly e. Yearly

7. Coverage Area: _____

8. Total Leaves taken per month (Average): _____

9. Experience with pharmaceutical company:(In Years) _____

Previous Company: _____

10. Experience with other field, Specify:

11. Want to continue this type of job for a long term? If Yes- Why? If No, Why?

12. Why are you in this job? [Tick on appropriate]

- a. Interest b. Need

Select 2 most important reasons

- i. To supplement family income
- ii. To have better standard of living

- iii. To make use of educational qualification
- iv. Interested in the particular work field
- v. To use the spare time
- vi. To have better status

Development:

1. Rate your increased level in terms of these points 1 to 5 [Tick on appropriate]

Development Skill	Before Job					After Job				
	1	2	3	4	5	1	2	3	4	5
Confidence										
Knowledge										
Presentation										
Communication										

2. Comment on changes you discovered in yourself after you joined the field.

3. In which area has your confidence level fallen & why?

4. In which area has your confidence level increased (select appropriate choice)

- a. In approaching doctors
- b. Making presentation
- c. Closing sales
- d. Moving in the city

5. Has this increased confidence in job enhanced your confidence in personal life in managing finances such as making investments?

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

6. Has this confidence in job increased confidence in personal life in overcoming problems?

- a. Strongly agree
- b. Agree
- c. Partly agree
- d. Disagree
- e. strongly disagree

7. How do you feel while handling rude clients?

- a. Fear
- b. Anger
- c. Getting upset
- d. Indifferent

8. Do you think this job helps you to develop a positive attitude?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Mid agree
- e. strongly disagree

9. Have you taken a insurance policy? How much is the coverage?

10. Have you taken any mediclaim policy?

11. Have you done any investments on your own? Specify?

12. Have you bought/paid for anything from the list on your own? Or contributed for the Same? Specify?

- a. Two wheeler _____
- b. Four wheeler _____
- c. Foreign tour _____
- d. Domestic tour _____
- e. House/Flat/Land _____
- f. Jewellery _____
- g. Children school fees _____
- h .House hold things (Tick appropriate &specify required)
- i) TV ii) Fridge iii) Microwave iv) Music system v) Furniture vi) Other

13. How often do you shop for clothes?

- a. every month
- b. occasionally
- c. other specify_____

14. How often do you visit Beauty parlor?

- a. every month
- b. occasionally
- c. other specify_____

15. What extra efforts do you take for your personality development?

I. How often do you attend training sessions?

a. every 3 months
d. two years

b. 6 months
e. any other

c. every year

II. Do you participate in extra activities? (Hobbies, Any classes, social work etc.)

a. yes b. no c. occasionally d. other specify _____

16. Advantages of this job

17. Disadvantages of this job

18. Problems faced in this job

A] Physical

1) Do you experience back pain? [Tick on appropriate]

a. Severe

b. Mild

c. No

2) Can you manage continuous driving in your menstrual cycle?

3) What you do in your menstrual cycle? Do you take leaves or keep on working?

4) Have you taken any medical treatment Specify -

B] Psychological

1) Opinion about Sales Pressure

- a. Threatening b Tension c.Irritating d.Happy

2) Attitudes of Male Colleagues

i) Do they accept your contribution for sales?

- a. Yes b.No c.Partial

ii) Do they agree with your long leaves for maternity?

- a. Yes b.No c.Partial

C] Other problems Specify-

20. How to solve all such a problems? Give your suggestions.

21. What can be done by

a. MR.herself_____

b. Company_____

c. Family_____

d. Colleagues_____

22. State your opinion about this job?

Sign:

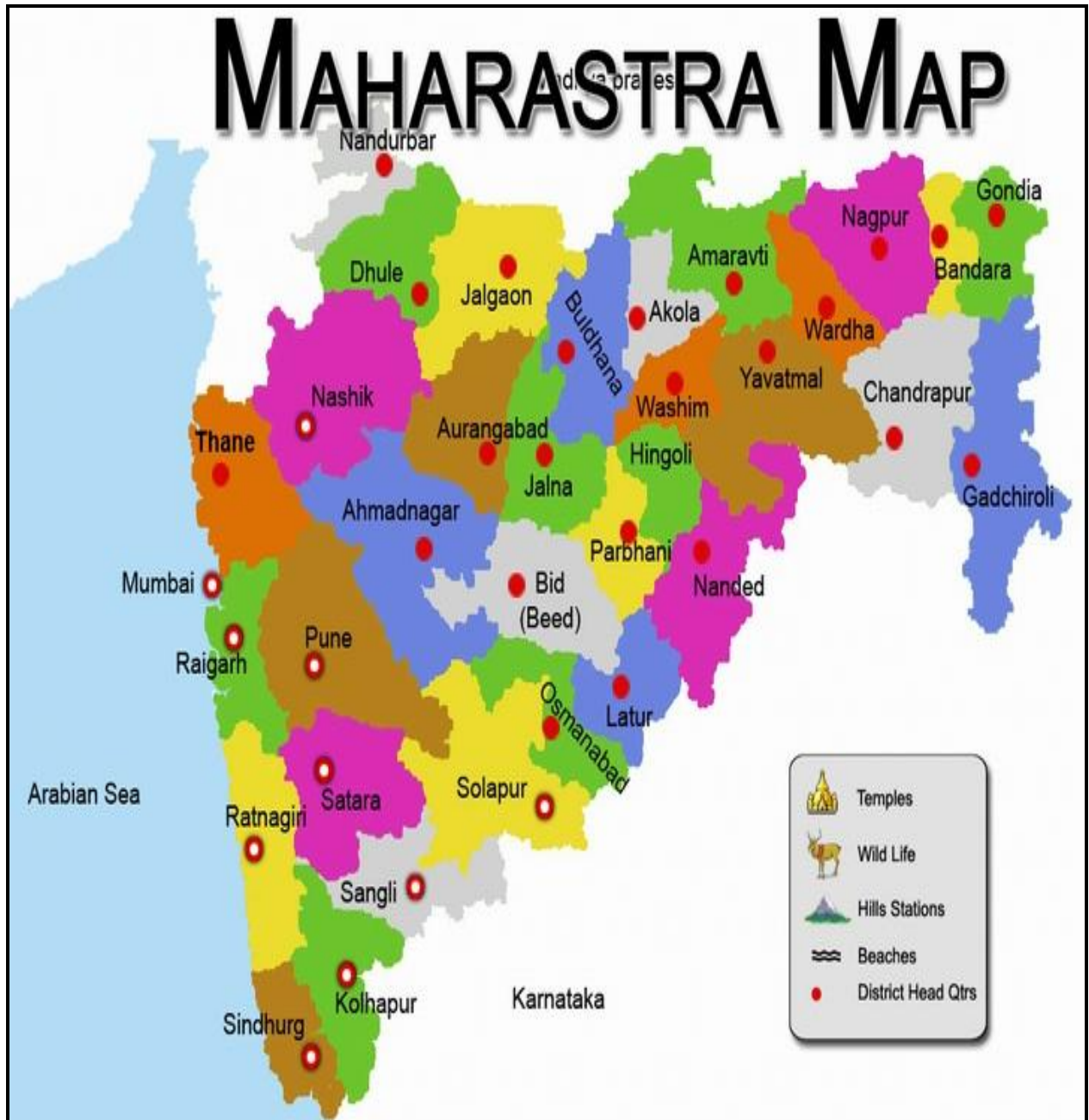
Date:

APPENDIX- B

Map No. 1 INDIA



Map No. 2
MAHARASHTRA



Map No. 3 PUNE DISTRICT



**Map No. 4
PUNE City**

