

Health, Health Role, and Health Status of Indian Housewife: Some Issues

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Housewife is the one who stays inside home and through her work she becomes responsible for the success of her husband and whole family. She greatly contributes to the family development. But still in Indian context, the domestic work of women is not recognized and has not gained any economic value. Housewives traditionally confine their lives to family and carry the responsibility of family care and maintenance. Economically, housewife is dependent on her husband. Safety and security to housewife is ensured by husband in terms of financial, social, emotional, health etc. The problem of survival becomes question if family does not provide proper care and maintenance to housewife. The present paper focuses on housewife role in family, care for familial health and their own health, their confinement to kitchen and less experience of outside world, their social network and to what extent they care of themselves in order to keep good health.

[Key Words: Division of labour, family health, gender socialization, health status, health role, marital relations.]

Introduction

In Indian society, woman is solitary care taker in family as she is always blended with one or the other activity where habitually neglects her own health. Managing the family is not an easy task for married woman; it requires a lot of skills to balance everything at home. Apart from cooking and other routine activities, taking care of elderly parents, in-laws, husband, and children is shouldered upon housewife. Man has to work outside and provide financial support to family at the same time woman has to look after private sphere that is family and household. Studies revealed that housewives are more likely to be under stress and isolation if they do not have freedom and social contacts within home, relatives and friends compared to those housewives who have more freedom at home, and better social contacts within and outside home (Bhatia 1988, Biswas 2012, Chatterjee 1990, World Bank 1990, Sinha 2003, Tikoo 1985, and Shah 1990)

Due to the passage of time, woman has gained equality on par with man but the housekeeping and reproductive role is inevitable for every woman and is purely considered as feminine. Meanwhile, the increasing cost of health care rendered underclass deprive of better health care services, especially in the private hospitals. This has adverse impact on woman undergoing pregnancy, lactation and motherhood. Therefore, woman's visit to government hospitals is more prevalent because the medical fee is affordable. Sometimes reproductive and other health problems need specialized treatment and diagnose which is possible only in private hospitals, clinics etc. If care and treatment is not provided on regular time, then the possibility of morbidity, mortality, nutritional deficiency can be seen among woman with having effect on child health causing infant mortality, low birth weight, under nutrition, infectious diseases, etc. (World Bank, 1993)

Women under Patriarchy

The patriarchal rule in Indian society has been in vogue since time immemorial. Woman always enjoyed secondary position in society. The freedom to take decision on all matters always been vested upon male counterparts where woman have to abide and accept the decisions taken by her father, husband, son etc. Today woman, if given opportunity, can prove themselves but what they need is support of the family (Sharma 1996)

Like caste system, patriarchy has its deep existence, even though woman enjoyed equal rights in social, education, economy, politics, and cultural spheres while she is considered to stay at secondary position as "second sex" which shows the supremacy of man and dominance of patriarchy culture, in this connection an eminent feminist Beauvoir says "woman is considered as second sex" where more privilege is enjoyed by men regarding their status, role, rights, authority which keeps them in superior position and woman under subordinate position. She cannot overlook her man's words neither disobey but simply accept and abide them which is essential feature of "Indian Wife". Woman silently with patience have to accept the commands of their husbands and follow it up among them, very few get opportunity to express their opinions, feelings, suggestions in front of their spouse (Jayapalan, 2001)

Gender socialization in patriarchal society has instilled this value so deeply in woman that she cannot have separate identity without man. Expectations of higher status and better recognition for her are considered undesirable and almost unthinkable. Woman work more than man but only man's work has economic value whereas woman particularly housewife who works for 10 to 16 hours per day at home, is not given any value and termed as "unpaid work" where her productive work goes unrecognized (Jha et.al, 1996)

Studies related to gender and society speaks about both working and non-working housewives. The studies stated that though working housewives have double burden of domestic work and managing job outside, working housewives are more liberal and have more social contacts outside the home. They have the ability to face the challenges and have experience of outside

world and also know how to sort-out their problems whereas non-working housewives may not have adequate social contacts since they are confined to home and get less chance of involving with outside people but can well manage family and household (Sudha, 2000) Woman's life is complete only after marriage and having family. The success of marital life depends on the cooperation and trust found among life partners and to continue it forever and by contributing children to society for its progress and development. The success of marital life depends on woman who is called as nothing but "housewife" (Srinivas, 1986)

Who is Housewife

A housewife is a woman who does not go outside to work to have earning of her own. She will always have to ask her spouse for finances to run the house. Woman today in general, do not like to be called as 'housewife' because she would feel that it is inferior to stay in home comparing working woman. She prefers to be called 'Homemaker' as sophisticated word implies that wife is not just sitting doing nothing at home but is fulfilling many domestic responsibilities. Woman staying in four walls of the house have less knowledge of outside world; cannot take independent decisions in any matters; should always listen to her husband and in-laws which is very important to run marital relationships. Sometimes she has to compromise in food consumption of family members and then she eats at the last, no matter whether the food is sufficient or not. But her main concern is everyone in the family is satisfied with their basic necessities (Desai and Krishnaraj, 1987) Woman cannot regulate anything without the support of her husband as he is soul mate where the marriage runs on two wheels comfortably if all is well set and relations are carried on smoothly (Tikoo, 1985)

Normally, the decision making authority is vested among men in family where women especially housewives have very less decision making authority compared to working women who are economically dependent, socially stable, have experiences of outside world and moreover they are the contributors to the family as well as society. Whereas housewives have to lean on their husbands on every single matter whether it is purchase of foods, clothes, any household assets etc. Only fewer ones get the autonomy of taking decisions and participation in matters pertaining to family and other matters (Mishra 2006)

Health Seeking Behaviour

Health and health care system have lot of significance to housewives as they are more prone to health problems. Housewives should have health education as they themselves know very well that which kind of health care is suitable to them and their family. Housewives should have knowledge of food consumption and health care practices which helps to stay healthy. If women are not susceptible to healthy food then capacity to work gets reduced and immune becomes low. Therefore, knowledge about health and dietary habits is very important for housewives but it requires efficient resources to stay healthy. Factors such as marital instability, no response from family members, lack of

husband-wife communication, family tensions and conflicts, children tensions have lot of impact on health status of housewives and women in general (Gopalan et.al, 1989)

Basically, women are more opt to traditional system of health care and its practices where taking care of children and elderly one's health needs are very important. Health education among women is needed especially about their own health and food habits. What kind of food they prepare daily and what are the practices they follow especially during illness, child bearing and rearing, lactation and other specified periods ought to be known? Intake of seasonal food keeps body free from occurrence of diseases (Maria 1980) Also, focusing upon the familial values on food and eating, woman should know the market packaging grades, brands, measures, yields, and food value in a market unit. She should be cautious in selecting "convenience foods". She should conserve foods by storing the items according to their nature and utilization. Further taking advice and visiting doctors is also important. Accessibility to the provision of health services provided by private and public health organizations is also important and cost of medical care should be nominal so that woman belonging to different classes can afford it. Housewife need to have knowledge pertaining to health of all and also herself (Narain, 1975)

Health and Nutrition among Housewives

Housewives are concerned about their own health and nutrition is a matter of academic importance also. Good food means intake of food with essential nutritional requirements such as vitamins, minerals, proteins, carbohydrates etc. Malnutrition and deficiency occur among women and more so among housewives because of inappropriate and inadequate intake of food at inappropriate time. Sooner or later health problems increase with effects among family and housewives (Mitra et.al, 1979) Sociological studies on health focus on women's health status which varies widely both within and among countries because of factors such as local diseases prevalence, health related behaviour, women's educational attainment, exposure to health information, influence on decision making, access to health care, poverty and environmental degradation. From global perspective, women's health status is changing due to more education which helps in delaying marriage and child bearing, having smaller families and use of health care facilities (Bhatia, 1988)

Data from World Bank report 1993 indicate that between the ages of 15 and 45 and after 60 men generally have high rates of death and women have high rates of disability. Biological and social factors affect woman's health throughout their lives and have cumulative effects. Girls who have fed inadequately during childhood undergo stunted growth, leading to high risk of pregnancy complications, and sexual abuse. Female genital mutilation increases the chances of poor physical and mental health in later years. Different health and nutrition problems affect women at different stages of lifecycle from infancy to child hood, and from adolescence to the adulthood comprising reproductive years to post-reproductive period (Westoff and Ochoa, 1991) Good

nutrition starts with diet consisting of whole grains, fresh fruits and vegetables, healthy fats, and lean sources of protein. These kinds of foods provide women with plenty of energy, the means for lifelong weight control, and the key ingredients for looking and feeling great at any age.

Prema Ramachandran (1989) says that people who eat breakfast tend to weigh less than those who skip it. Going too long between meals can make women feel irritable and tired. Foods such as green leafy vegetables, egg, milk, curd, butter, ghee, potatoes, meat, and other eatables provide women energy to work. Adequate sleep is necessary for them, at least 2 hours in the afternoon. Women sleep late at night and get up early in the morning to conduct domestic routines everyday which creates health problems such as back pain, irritation, mood swings, anxiety, frustration, knee, and other problems. Therefore, proper intake of food and adequate sleep is very important for every woman in order to keep their health in a good condition

Housewives belonging to lower class do not meet with nutritional requirements but housewives with middle and upper classes can have nutritious food. Sometimes women make compromises by having left over food, no matter it is least or not nutritious. But her basic concern is the family, especially her husband and in-laws who become happy with her cooking and serving (Sinha 2003). Women during child bearing and rearing need milk, fruits, green leafy vegetables, pulses, cereals etc. If they won't consume food with essential nutrients then the problem of low weight, deficiency, morbidity, mortality occurs among women. Iron, calcium, protein, vitamin, carbohydrates are very important for women in their reproductive cycle (Singh 1996)

Women should maintain hygiene while cooking and consuming food which is daily habit such as washing hands before cooking food, washing vegetables before cutting, storing of food in good condition, keeping all the dishes and utensils covered with lids immediately after preparing food ensures cleanliness and hygiene in food and its consumption. Similarly other family members should follow daily good habits such as intake of food at proper time, exercise, meditation, avoiding oily and junk food, inculcating the habit of having green vegetables at least once or twice in a week which helps them to maintain good health. During menstruation, before and after child birth, adolescent period, and after reaching age of thirty women and girls need lot of iron contained food where green leafy vegetables, milk, jaggery, coconut, peanut, and preferably dried fruits like almond, cashew, walnut, raisins, pista, Anjir, peanut are considered very important for their consumption. Loss of calcium is also found in bones where women need to have intake of milk, butter, curd, and other related food which can keep up her bone density balanced (Shah 1998)

Health Problems among Housewives

Studies indicate that there are higher rates of reported illness among housewives than among working women which resulted that employment generally has positive effect on woman's health. This effect is however is

mediated by other variables such as: the characteristics of work site, job demands, rewards, deprivations, physical environment and social support influence the women workers. Women, particularly housewives are most at risk at home where gender based violence found to be one of the reason for gender based victimization which leads to unwanted pregnancy, infection, miscarriage, gynaecological problems, depression and many other forms of partial and permanent disability which affects health of housewives (Heise et.al 1987) Chatterjee (1988) found that women staying at home suffer disproportionately from inadequate housing, poor sanitation, indoor air pollution, cooking in poor ventilated homes were exposed to 100 times the unacceptable level of suspended smoke particles six times higher than other household members. Nutritional facilities should be provided for housewives where food should contain all essential nutritional requirements especially during the reproductive phase of housewives which is again dependent on husbands' income and affordability; they should adopt contraceptive choice helpful in preventing more number of children, safe practices of abortion techniques should be adopted on the advice of the physician (Kabir, 1989) Many health problems and nutritional deficiencies occur among women due to lack of knowledge with regard to the facilities available in the hospitals and health centers for housewives and women covering aspects like diet, hygiene, preparation for child birth, breast feeding, child care and family planning (Chatterjee ,1990)

The national nutritional policy 1993 directs special nutritional initiatives to overcome women health problems such as menstruation, pregnancy complications, unsafe delivery, unsafe sex, lack of access to family planning and contraception, early motherhood, teenage pregnancy, urinary infections, white discharge, excessive flow of blood, vaginal infections etc. Apart from these health problems, other problems such as diabetes, blood pressure, heart diseases, joint pains, respiratory problems, back pains occurs. Combined to this, mental health problems, such as stress, anxiety, depression, frustration, mood swings increase among women. These health problems of women needs proper diagnose and treatment (Prema Ramachandran, 1989). There is a need for change in woman's traditional status where woman living in non-traditional relationships are less depressed than women living in traditional ones. Men living in non-traditional relationships are more depressed than women which indicate personal needs and services that women in traditional relationships provide for men but not for themselves (Rosenfield, 1980) Housewives spend very longer hours in kitchen which itself bring health problems to them. Due to inhale of large amount of smoke respiratory problems occur and breathing will be inappropriate. Also continuous bending of her knees and backbone will have serious pain developed due to sweeping, cleaning floor and washing clothes. Better health awareness should be provided to housewives in respect of various guidelines including diet and nutrition for woman and entire family (Chatterjee, 1990)

Health Development of Housewives: Programmes

In a situation where health maintenance would go difficult for housewives on their own there would be a need of intervention of all the concerned for evolving programmes of the kind with which health development process could be ensured. Meera Chatterjee (1990) says that women of all age have not only poor access to health care system but are also less likely to use it. Studies from several parts of India indicate that there is a gender bias in accessing and using health care which starts early in life. Individual and community perceptions of health care are important determinants of health seeking behaviour. As long as disability and disease are considered natural or predestined, women suffer unnecessarily from conditions which can be prevented or treated. The socio-economic norms determine permission and ability for women to seek health care. The family has been the traditional source of emotional, social, economic and health support throughout the life cycle. The neglect of women's health in our society has increased the risks of mortality and morbidity rates. Urbanization has brought little changes in the traditional attitudes and roles towards women. The alarming rates of nutritional deficits among women, high rates of wasted pregnancies, the use of traditional medicine, lower levels of health expenditures affected women's health. Biswas Subir (2012) suggests that development of neighbourhood health programmes, community health centers and hospitals should function effectively in urban areas and health departments in cities can bring about coordination and required support needed for improvement of environmental, socio-economic conditions which are fundamental in improving health status of women.

The National Health Policy, 2000 arose out of introspection that nation's health is not developing because of inappropriate health service organization and its man power as it was not responsive to meet the real needs of people and was not suited to socio-cultural and economic milieu of people. Individual, family and communities are rarely involved in identifying their health problems. When we diagnose the factors within the community being responsible for such health problems and then evolving and implementing programmes to tackle such problems could be effectively thought of. The National Health Policy focuses on providing essential health services for women as follows:

1. Establishment of well network of comprehensive health services integrally linked with extension and education approach;
2. Providing knowledge, skills and training to health volunteers selected by the community and enjoying their confidence and to well train the auxiliaries and medical worker;
3. Special programmes be launched for prevention, treatment, rehabilitation of mentally and physically handicapped;
4. Priority of attention to be paid to nutrition of women, prevention of food adulteration, maintaining quality of drugs, water supply, and sanitation,

environmental protection, Maternal and child health services, immunization, health services etc.;

5. Promotion of health education to family and launching it nationwide by appropriate community strategy; and
6. Building up of well-conceived health information system.

Under national health policy prior attention is given to nutritional improvement; ensure adequate nutrition for all segments of population through a well-developed distribution system especially in rural and urban areas. Food of acceptable quality must be available to every person in accordance with his physical needs. Improving eating habits, inculcation of desirable nutritional practices improved and scientific utilization of available food materials, and improved cooking practices should be implemented. Effective measures to check and prevent contamination of foods at various stages of their production, processing, storage, transport, distribution etc. It is observed that the condition of women in India today is much to be desired and they are still far away from the status of quality with men but an effective instrument of social change in society is required.

Conclusion

To conclude, we can say that women belonging to different occupations whether working or non-working of different socio-economic and cultural background have their own perceptual understanding regarding health and nutrition. But housewives as a unique category of women in Indian society are grappling with number of health problems because majority of them still are not aware of health and its importance. Most of the times, their health status varies according to their food habits and its intake capacity. In spite this, housewives first focus on familial health, also ensure that health and wellness is brought among family only when they render domestic and caring services as a “housewife” looking after entire family and managing household very well. Awareness should be there among them regarding health and nutrition because a well-known slogan called “health is wealth” entirely depicts scenario of people concern for health, housewife’s health and health of all family members.

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