

A Comparative Study regarding the Health Issues between the Working Class Women of the Female Headed Household and Male Headed Household

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Abstract

Various studies have revealed an increase in the relative work burden of women inside and outside their home as compared to men owing to various reasons. As a consequence in India this has identified another category like the female headed households where a considerable number of households have female members who are the head of the household. Female headed households have been identified as those where women are the main earning member of the family and male headed households are those where men are the main earning member of the family. As women are the most vulnerable section of the society and right to health regarded as human rights, this paper highlights health issue of working women as my working area to reveal how much these section of women are aware of their health issues and whether they access different issues properly and with care. After collecting the primary data from field and analyzing that it has been seen that within working class women, the women of male headed household are more vulnerable regarding different health issues than the women of the female headed household.

Keywords: Expenditure in medical issues, FHH, Health Issues and awareness, Health as Human Rights. MHH, Women as vulnerable section.

Introduction

Various studies have revealed an increase in the relative work burden of women inside and outside their home as compared to men owing to various reasons. As a consequence in India this has identified another category like the female headed households where a considerable number of households have female members who are the head of the household.

According to Mayra Buvinic, N.H. Youssef and Barbara Von Elm(1978) three situations can be identified for emergence of female-headed households: (i) absence of a resident male head, eg. Widowhood, divorce, separation and desertion, (ii) migration of male members for long time and (iii) loss of economic activity due to Covid-19 pandemic by male residents as a result of severe unemployment illness, disability and reluctance to accept low grade jobs. According to Rajaram. R. (2009) households where women are the main bread earners of the family are regarded as the female headed household. On the other hand, the family where men are the main bread earner these type of household are regarded as

the male headed household. According to NSS definition in Indian sense female headed household simply a mere reference point having no compulsion of income earning authority. Therefore, there exists no relationship between the sex of the household and poverty level. But there has a relationship between the sex and poverty if 'he' is the main bread earner of the family/ (Gangopadhyay&Wadhwa, 2003). Most importantly studies have revealed that female of male headed household are more vulnerable than the female headed household. It has been seen that in recent days the percentage of female headed household (FHH) are increasing in significant way in the .This growing incidence of women headed households demands a re-examination of different aspects of the changing socio-economic structure.

In my paper, female headed households have been identified as those where women are the main earning member of the family and male headed households are those where men are the main earning member of the family. As women are the most vulnerable section of the society and right to health regarded as human rights, so I choose health issues of working women as my working area to reveal how much these section of women are aware of their health issues and whether they access different issues properly and with care.

Objective

In my present work the objective is to identify the different health related issues and then compare the access and awareness about different health issues like pregnancy, vaccination, pre-natal and post-natal care, decision about abortion, awareness about and uses of contraception, heart disease, breast cancer, immune system disorder etc. between working class women of Female Headed Household (FHH) and Male Headed Household (MHH). The study would reveal within working class women which women are more vulnerable –women of the female headed household or that of the male headed household regarding different health issues.

Data

In my paper I choose ward number 41 of Buxarah, Howrah area as my study area. My total numbers of respondent are 16. I have done my survey through interview procedure and I use case study method in this paper.

Discussion

From my study I can analyse that the female of the female headed household has to earn money by doing jobs like maid servant, baby seeder, ayah, fish cutter in market, vegetable seller, and cook. Among them most are maid servants. They all have minimum education level also. Some of their husbands are working as rickshaw puller, hired toto puller, agarbatti seller and some of their husband are either died or bed ridden or jobless so that the women of those family become responsible as the main earning member of the family. Among all respondents some are able to spend their earning independently, some has to give

their money to their husband for expenditure, some are able to spend depending on the necessity and some are unable to spend independently because of different reasons like daughter's marriage, proper take care of the family etc. The total income of the surveyed families range from Rs 4000- Rs 16000 per month. The expenditure of family ranges from Rs. 4000- Rs. 12000 per month but it varies sometimes as per requirement. This reveals that the families have very little left for saving purposes. The different common diseases faced by their families are fever, cold and cough, chicken pox, dengue, paralysis, tumor, bird flu, jaundice. In present situation Covid is another one faced by some of them. Some of them have some long term diseases like high pressure, heart disease, low pressure and some of respondents are unaware about their long term diseases. Maximum of them have immune system disorder as they all are working women so they are unable to take their meal in proper time. For their all sorts of diseases some of them kept a fixed amount of money per month ranging from Rs 500- Rs 2000 and some of them do not keep any specific amount per month. They spend as per their requirement and for that they have to cartel their other expenses of the family. Some of them has no right to ask how much is spent for medical treatment again some of has no idea about it as it is totally spent by their husbands. Among the entire respondent from female headed household some take homeopathic treatment for their diseases as their family believes that allopathic treatment will hamper their health. Maximum of the respondent take the allopathic treatment from the reputed clinic of Howrah. Those who have long term diseases they remain under regular doctors check up and take medicines regularly. In my findings among 8 female headed household I find that among all nearly 50 percent of the females have right to speak about their treatment and rest have no rights. When they are ill maximum of them get help in their domestic works by their husband, husband's brother's wife, daughters, and mother-in-law. When they became pregnant they did not get any help from their families due to different reasons and who get help in their domestic work during their pregnancy they got that from their mother-in-law. Some of them (nearly 60 percent) tried to take proper pre-natal care like they took almost all the medicines given by doctors, took the tetanus vaccination, did urine test and U.S.G (in 3months and 9 months or only in 9months) and tried to follow normal diet and some of them did not took proper pre-natal care due to either unwillingness of their husband or due to poverty. Again I find that some of them took proper pre-natal care for their first child but that was not possible for the next children. During pregnancy check up most of the respondents go with their husband or their mother-in law or with their husband's sister. Generally their delivery took place in Howrah Hospital and rest of them gave their child's birth in SSKM hospital. In my research I find that for some cases delivery charges given by their parents for the first child and for the rest given by their husbands and in rest of the cases find that for all delivery charges given either by their husbands or by themselves. Among all the respondents, except one, all others normally followed a proper post-natal diet. They all received all medicines, all vaccination and proper diet prescribed by doctor. Most of the

women are themselves unaware about how many child they want actually and abortion of unwanted issue. For someone it depends on husband's decision, for someone it is God's gift so no child is unwanted, someone does not need any abortion that is why no issue is unwanted for them. I just found only two respondent who are aware about how many child are they needed and abortion of unwanted issues as they do not want more than two children as they are not in sound economic position. The abortion cases which I have found that were not an easy process for them. One did her abortion from a clinic of Howrah and that is totally unknowingly from her family and in another case she did her abortion from a clinic of Domjur, Howrah as she became pregnant on the month she married and for this she was quite immature to rear their child properly for that time and due to that she was beaten and threatened by her family. In case of use of contraceptives I find that most of them are aware about contraceptives and uses contraceptive pills. Some of them are aware of that but not taking any contraceptives and few of them are totally unaware of it.

In male headed household the male member of the family earn for their family by doing jobs like toto pulling, rickshaw pulling, school van pulling and working as part time servant, bus conductor, selling fish in market, running a salon, running grocery shop and as sweeper. The women of the two male headed household also working as maid servant of a house and doing sewing work from home. Among The female of such household some are uneducated and some are educated. Though two of them are working but like the others their husbands are the main earning members of the family. They are not allowed to spend money independently as their husbands do not give them money in their hand, even those who are working they have to give their all earning to their husbands. They have no idea about the total income and total expenditure of the family. The total income of those working women ranges from Rs. 800-Rs. 1200. The different diseases which might occur in their families are fever, cough, cold, chicken pox, appendix, tumor, gall bladder stone, dengue, covid. Some of them have long term diseases like low pressure, thyroid, high pressure, diabetes. Some of them have immune system disorder like gastric ulcer, for some it is natural phenomena, so no need to take medicines for that and some of them take home made medicines (e.g. Saline water for low pressure). As their husband spend wholly for treatment, so they have no idea about what amount of money kept for treatment per month or what amount of money is being actually spent for the treatment. Among all the respondent of the male headed household most of them are take allopathic treatment and some families take both allopathic and homeopathic treatment. Some of them had to operate for gall bladder stone, appendix from Howrah hospital. For their long term disease most of them are not in regular treatment as they perfectly do not know about the income and expenditure of the family and hence they are not feeling free to ask for money for treatment and their husbands are not bothered about their disease. Among all only two of them take regular treatment for high pressure and heart disease from the reputed allopathic clinic of Howrah. From all respondents I find that maximum of

them have no rights to speak for their treatment. Some of them speak nothing as they think children's education is more important than her treatment or as she is women then there has no necessity to speak anything against her husband. When they are ill some of them are getting help in their domestic work by their daughters. Some have to do the all work even during their illness. Some of them get help in their puja during their menstruation. As they do not have to go outside of the household they have to do all the domestic works when they were pregnant also. The two working woman had to do all the domestic works before start or going their work. Among the entire respondents only one got help from her mother. Some of them tried to take proper pre-natal care like they took almost all the medicines given by doctors, took the tetanus vaccination, did urine test and tried to follow normal diet and some of them did not took proper pre-natal care due to either unwillingness of their husband or due to poverty. During pregnancy check up most of the respondents go with their husband or their mother-in law or mother or neighbor. Again some had to go alone as no one has time to accompany her. Their delivery took place in Howrah Hospital and rest of them gave their child's birth in SSKM hospital, Jain Hospital. I find that most of the cases delivery charges were given by husband and in some cases delivery charges given by father and father-in-law along with husband. The entire respondent tried to take all post-natal care by taking all medicines and vaccinations but they all are not always able to give proper diet to their child. They are unaware about how many child they want actually and abortion of unwanted issue. For someone it depends on husband's decision, for someone no child is unwanted. Only one respondent is aware about how many children she wants. Among all respondent from male headed household I find only one abortion case done as her mother-in-law went to a "jyotishi" and he told that she was expecting a girl child and girl child as family's first child is not treated as lucky. In case of use of contraceptives I find that some are heard about contraceptives from their neighbour after marriage or from mass media and some are not but no one use contraceptives.

Cases of female headed household

Now I want to put light on few of my case studies.

Chaya Das, 49 years old lady has read till class X and presently is working as an ayah. Total member of her family are 5 including two of her children. Her husband read till class V and he is a hired toto puller. The respondent is the main earning member of the family and their total monthly income is Rs. 14000 (4000 is her husband's income). The total expenditure of family is near about Rs. 10000 but it varies as per requirement. She can always spend the money independently.

Till now most common diseases faced by her family are fever, pox, dengue, cold and cough. She kept Rs. 500 per month for medical treatment purpose. Her family takes allopathic treatment from doctor of a popular medical clinic of Howrah. As she keeps all the earnings to her so she herself has to spend money for treatment. She has the right to speak about her treatment and there are even evidences of her husband

supporting her decision. She has high pressure and she takes regular allopathic treatment from visiting doctors of the clinic. She monthly spends Rs. 400 for her medicines and spends Rs. 800 for doctor's fees (3 months interval). When she is ill she gets help in her domestic works by her daughter. When she became pregnant she did not get any help from her family due to some unknowing reasons. She does not want to reveal the reasons. She tried to take proper pre-natal care like she took almost all the medicines given by the doctors, took the tetanus vaccination, did urine test and U.S.G in 3months and 9 months. She tried to take proper diet during her first child but due to her mother-in-law's illness and child's education she could not take proper diet during her second pregnancy. Most of the time she spent for her pregnancy but when she had to ask for money to her husband he did not support spontaneously. Her delivery took place in Howrah Hospital and her delivery charges given by herself. She follows proper post-natal diet. She received all medicines, all vaccination and proper diet prescribed by doctor. She got help from her neighbor to take care of her new born children. She has the right to give suggestions about how many children she needs. Her mistress (where she works) makes her aware about family planning. She has no abortion case but if any unwanted issue would have come to her she might have to abort it because she did not want more than two children because of their unsound economic position. As she has no abortion case it is not known to her whether her husband would have supported her or not in such cases and have not discussed about with him. She is aware about contraceptives and she took contraceptive pills as required. Her husband did not always support her in that but as she did not want more than two children she took the pills. She has gastric ulcer and she takes enzymes syrup by her own without consulting the doctors.

Cases of male headed household

PutulNaskar, 19 years old lady lives has no educational qualification. She is a home maker. Total member of her family are 2 and she has no issue as she is newly married for couple of months. Her husband read till class V and he is a toto puller. PutulNaskar's husband is the main earning member of the family and she has no idea about total income and total expenditure of family. She has no rights to spend money independently because she has no earning but her husband gives her whatever she wants.

Till now after marriage no diseases faced by her family. She does not know how much is kept for medical treatment purpose. They prefer allopathic treatment. She thinks that her husband will spend spontaneously for treatment. She thinks as she is a woman then there is no necessity to speak anything against her husband about the treatment. She has low pressure and she is not taking any treatment as she thinks saline water (nun chinirjol) is enough for that. When she is ill she gets help from her next door aunty. She helps her by doing puja during Putul's menstruation. When she will be pregnant she does not know still now but thinks that her husband will give money spontaneously for treatment, if not given then that is her destiny and her parents will give delivery charges for first delivery as it is the rule of her

maternal house. Her husband tells that her delivery will be take place in SSKM and as her next door aunty working as ayah she tells her that she will helps Putul to take care of new born baby. Putul does not want to give suggestion regarding how many children they want to take. She thinks it will be better if this decision is taken by her husband. Most importantly she does not regard any child as unwanted child. She is unaware about contraceptives as she was from very rural area of Bagnan, Howrah and she did not want to know that from someone. She has no idea about it. She has listened it from aunty after marriage but never uses it. She does not know that he will support her on that issue or not. She sometimes face digestive problems and sometimes she takes allopathic digestive tablets by own from her husband's friend's shop.

Chandana Dey, 42years old lady has read till class VII and she is a home maker. Total member of her family are 7including four children. Her husband read till class II and he is a school van puller and working as a part time servant (they kept him to buy "daily bazaar" and medicine).ChandanaDey's husband is the main earning member of the family and she has no idea about total income and total expenditure of family. She has no rights to spend money independently because she has no earning. Till now most common diseases faced by her family are fever, cold and cough, pox and appendix. She has no idea that how much is kept for medical treatment purpose but spend the necessary amount for homeopathic treatment. They take allopathic treatment from doctor of a popular medical clinic of Howrah for pox an appendix. For her appendix operation she had to sell her bangles. Her husband spends money for treatment but it is not spontaneous. She has no right to tell about her treatment and her husband says that she needs no treatment as she remains in home and women has "koi macherjaan". She has thyroid. She does not take regular medicines for that. She took medicine for once when she went to the first checkup for that. When she is ill no one is helps her in her work. Same situation she had to face during her pregnancy. She did not take all pre-natal care. She took iron tablets given by doctors, took the tetanus vaccination and took daily normal meal. Her husband and father-in-law spend the money for treatment but that was not spontaneous. She had asked for every step. No one went with her during doctor's checkup. Her delivery took place in Howrah Hospital and her delivery charges given by husband for all children. She follows proper post-natal diet for first two children but it was impossible for next two. She received almost all medicines; all vaccination prescribed by doctor and gave proper diet for first two children but not to the next two children. Her mother-in-law helps her to take care of her first three new born children and after that she died. She has no right to give suggestions about how many children she needs. She has an abortion case because her mother-in-law went to a "jyotishi" and he told that she was expecting a girl child and girl child as family's first child is not lucky. As it was happened within 3 months of pregnancy she had to just take medicines for abortion. She was against it and for that she was tortured physically and mentally by her mother-in-law. She is aware about contraceptives but never uses it

because she has no right to go against her husband. Her husband never supported her in that. She has blockage in artery and had done E.C.G. She took medicines for that when her husband able to spend. She has digestive problems but it is natural phenomena to her that is why she takes homemade soda water.

General differences between Female Headed Household (FHH) and Male Headed Household (MHH)

- In FHH female are the main earning member of the family where as in MHH male are the main earning member of the family.
- In FHH most of the female can spend their earning independently but the female of MHH cannot spend money independently because most of the females are home maker.
- The female of FHH are aware of the income and the expenditure of the family but the female of MHH are unaware about that.
- Female of the FHH earn more than the female of the MHH.
- In FHH as females re the main earning member almost they have the right to speak about for their medical treatment but in the case of female of MHH as they have no earning or minimum earning so their almost have no right to speak for medical treatment.
- The most of the female of the FHH is getting in their domestic work when they're ill or when they were pregnant but maximum number of female of MHH does not get such help.
- In FHH as females re the main earning member of the family they are able to take proper pre-natal and post-natal care by their own earnings where as in MHH the females are not able to take proper pre-natal and post-natal care for their all children.
- The maximum females of the FHH are aware of contraceptives and use it during intercourse. On the other hand though females of the MHH are aware of contraceptives they cannot use it during pregnancy because their husband unlike that and they have no right to go against their husbands.

Conclusion

After so much of discussion this study reveal that within working class women, the women of male headed household are more vulnerable regarding different health issues than the women of the female headed household.

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