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ROLE OF WOMEN IN HOUSEHOLD ENVIRONMENTAL CARE IN ALIGARH CITY

Doctoral Dissertation Abstract (2007)

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In societies the world over, women are both producers and carers; they care for children, for old people, the sick, the handicapped and others who cannot look after themselves. They serve the household with food, cleanliness, clothing and in many cases water and fuel, (Vickers, J., 1993).

Since women, as opposed to men, play a pre-eminent role in the care and management of the home and its environs, the household environment can be said to be engendered. Moreover, the home and neighbourhood environments are especially critical to the health of women, children and elderly. Men spend more time away from home and thus face fewer of its hazards. For many women especially housewives or home makers, the place where they live is also the place where they work (Muller, M.S., and Plantenga, D., 1990).

The focus of this study is to examine and make more 'visible' role of women as principal managers of the household environment; to examine the range of burdens the women belonging to different income groups have to bear as a result of household environmental care; to analyse the degree of exposure to different household environmental hazards; and to investigate the occurrence of diseases reported by women of Aligaarh City.

The study is mainly based on primary sources of data which have been collected through survey selecting ten wards of Aligarh city on the basis of their location (in the old part, new part and fringe area of the city). From every selected ward on an average 280 women respondents belonging to different income categories (high> Rs. 15,000 per month, medium Rs.3,000-15,000 per month and low <Rs. 3000 per month) were selected. The total sample size consisted of 2,800 women respondents (794 from high (28.36 per cent), 1,260 from medium (45 per cent) and 746 from low (26.64 per cent) income categories. The researcher on the basis of interview schedule interviewed the selected women respondents personally. Correlation coefficient and 'T' Test were applied to analyse the data.

Twenty eight per cent of the sampled women respondents were from the high-income category. Only 4 per cent women from this group reported of being exposed to household hazards namely, solid waste/waste water related (50 per cent), household pests related (30 per cent), water supply related (29 per cent), cooking related (26 per cent), housing related (22 per cent) and sanitation related (11 per cent).

Forty five per cent of the sampled women respondents were from medium income category. About 23 per cent of these women reported of being exposed to all the six

types of household hazards namely solid waste/waste water related (58 per cent), household pests related (30 per cent), cooking related (24 per cent), housing related (17 per cent), water supply related (10 per cent) and sanitation related (1 per cent).

Twenty seven per cent of the sampled women respondents were from low-income category. About 56 per cent of these women reported of being exposed to all the 6 types of household hazard mainly, solid waste/waste water related (76 per cent), water supply related (76 per cent), cooking related (55 per cent), household pests related (50 per cent), housing related (46 per cent) and sanitation related (26 per cent). Low income women are particularly hard hit because of their traditional roles in providing fuel, water, sanitation etc. apart from collecting refuse to supplement their income. It is the women who have to make up for the lack of such services.

Relationship between household environmental risk factors (housing related risk, cooking related risk, water supply and sanitation related risk, household solid waste/ waste and water/pests related risk factors) and associated disease were examined. More than 50 per cent of the women respondents reported of the occurrence of backache. A strong positive correlation was observed between backache and cooking in multipurpose room (r=+0.95) and heat during cooking (r=+0.99). These risk factors have highly affected the occurrence of these diseases. Except for use of kerosene oil, all the other factors shows positive correlation.

The relationship between water supply and sanitation related risk factors (water from outside premises, fetching water, irregular water supply, open storage of water, latrine outside premises, use of manual latrine, open defecation, disposal of excreta on road side/fields, not washing hand after toilet) shows a positive correlation with the associated diseases (gastroenteritis, diarrhoea, jaundice, cholera, worms, malaria, typhoid). About 20 per cent of the women respondents reported of the occurrence of cholera. A strong positive correlation was observed between cholera and irregular water supply (r=0.99, at 5 per cent level of significance). Other risk factors are also highly correlated with associated diseases.

The relationship between solid waste/water and household pests related risk factors (household garbage stored in open containers, disposal of household waste water in around the house, disposal of household waste in open drains/fields/roadside, presence of flies, mosquito biting, not using preventive measures, not spraying) shows a positive correlation with the associated diseases – yellow fever, brain fever infections, small pox, sleeping sickness, malaria, skin disease. More than 20 per cent of the women respondents reported of the occurrence of various infections, malaria and skin disease. A strong positive correlation was observed between various infection and not spraying (r=+0.99, at 1 per cent level of significance), Malaria and not spraying (r=+0.99, at 5 per cent level of significance) and skin disease and not spraying (r=+0.99, at 1 per cent level of significance).

Women are more vulnerable than men because of their sex, gender, long hours of indoor work and exposure to household hazards. Among the women, the low income women are most vulnerable because they have to face most of the household hazards and have the least possibility of avoiding them or recovery treatment to limit their health impact.

Although we find that everything is changing, urban Indian women are stepping out of their homes to get educated, to pursue a vocation yet her traditional role at home has remained the same.