



HEALTH PROBLEMS AMONG DESTITUTE WOMEN: A STUDY IN ANDHRA PRADESH

V. Sandhya Rani

Research Scholar, Dept. of Sociology & Social Work, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur – 522 510, A.P

Dr. M. Trimurthi Rao*

Associate Professor, Dept. of Sociology & Social Work, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur – 522 510, A.P *Corresponding Author

ABSTRACT Destitution explains the lacking the means to face the fundamental needs of food, warmth, shelter, water and health. In other words destitution is the term which commonly used to refer the extreme poverty which is experienced by asylum finder and who without the financial, emotional and social support. Destitution could result in feelings of rejection, distrust, depression and anger that in turn could lead to health problems like headaches, stomach rashes, insomnia, high blood pressure, upset, stroke and heart disease. This article discusses the causes and health problems of destitute women in the state of Andhra Pradesh.

KEYWORDS: Destitute Women, Short Stay Homes (SSH), Health/Medical Problems

INTRODUCTION

Destitute woman is considered to be a person or female without ample support who is abandoned or left alone without any care and support. The destitute women need social security for those facing multiple problems in the forms of vulnerability, gender-based violence, impact of climate change, lack of adaptive strategies, lack of access to financial services, and social exclusion. They do not have any ways for their own subsistence. They work as servants and carry out different domestic chores such as washing clothes, cleaning utensils, dusting, etc. for very little number of incomes. They can perform such a job when they are healthy physically. Health/medical problems, due to lack of health awareness and lack of financial support older women themselves ignore symptoms of diseases (The Age well Foundation, 2011).

Many NGOs and institutions were focusing on charitable activities to alleviate the hardships of destitute women by providing secure through health support and vocational training. Reports of many studies show that destitute women are earning their own bread and butter and standing on their own feet after treatment and training. SSH has become the ray of hope to help the destitute women during past two decades. In general, the homes just underwrite the patriarchal belief system that is predominant in the general public and blocks the women's development as free individuals from the general public. The main point of the homes to gives provisional sanctuary to upset women until they can either be accommodated with the family or offered. This is the main message they give and their preparation just encourages this procedure. Generally speaking, the homes have not gave a reasonable different option for manage the issues of brutality against women.

In this paper an attempt has been made to explore the causes for health problems among destitute women in Andhra Pradesh.

METHODOLOGY

This paper is purely based on primary data. Information regarding the number of destitute women beneficiaries under Short Stay Homes (SSH). SSH were identified on the basis of data provided by Central Social Welfare Board (CSWB). During 2015-16 about 1152 of persons were benefited under SSH, which is the sample frame of the study. Firstly, information regarding district wise and home wise number of beneficiaries was collected and arranged according to the months of time spend in the home to make out the sampling frame of the study.

Objective of the Study

The objective of the study is to assess the conditions of destitute women in Andhra Pradesh and study the causes and effects of physical and mental health problems of destitute women.

Sample Design

After arranging the list of beneficiaries, purposive random sampling method is used to select the respondents from the sample frame. The respondents who were completed the time/duration in the short stay

homes and rehabilitees were identified and selected for the study.

Data collection

The data collection has done during December 2015 to May 2016. Taking state as a unit, the sample size was kept at 350, which is 30 percent to the total number of beneficiaries in the state for the year 2015 and 12 respondents were not interested to give data. Finally, 338 sample respondents are successfully interviewed for the study. A detailed and structured schedule was used to elicit the information from the destitute women to assess the impact of SSH program and collected data on socio-economic characteristics, health conditions, family problems, treatment awareness on rehabilitation programmes, stress level, were collected.

Method of Study

The primary data and the information collected from respondents was entered in SPSS version to summarize the data for analyse. A Likert scale form (1. Strongly Disagree to 5. Strongly Agree) has been prepared to capture the intensity of particular response. Cronbach's alpha has been conducted to test reliability based on the scores or response. Reliability is how well a test measures what it should. High reliability means it measures the intensity of the cause for health problem, while low reliability means it measures something else (or possibly nothing at all). Cronbach's alpha will tell you if the test you have designed is accurately measuring the variable of interest. Cronbach's alpha, α (or coefficient alpha), developed by Lee Cronbach in 1951, measures reliability, or internal consistency. For medical treatment alpha value should be more than 0.70 and for social sciences 0.50 to 0.60 would be acceptable for the reliability analysis.

RESULTS AND DISCUSSIONS

Socio-economic Conditions of Sample Respondents

Socio-economic conditions will have significant effect on women health the data has been collected and analyzed. Hindu (58 percent) religion is predominant among sample respondents followed by Christian (29 percent) and Muslim (13 percent). The major proportion of sample respondents belong to backward castes, which is 40.24 percent to their total, followed by Scheduled castes with 38.46 percent, Forward castes with 12.43 percent and Scheduled tribe caste with 8.88 percent to their total. 40.83 percent of the respondents are married and 22.85 percent are unmarried. Further, 18.05 percent of the sample respondents are divorced legally and 11.54 are living separately each other. Nearly, 7 percent of the respondents are widowed. Most of the sample respondents are illiterates (38.76 percent), followed by literates (31.07 percent) who don't have formal schooling and can just able to sign. The respondent's occupation is daily wage labour (43.79 percent). Nearly 10 percent are self-employed, 9 percent are agricultural labourers, 8 percent are housemaids and 4.43 percent are private employs and other workers. However, 24.85 percent of the sample respondents are home makers.

The proportion of nuclear family system is predominant in the study area with 93.49 percent to the total sample households. Data shows that

49 percent of the respondent families are living in pakka houses, 36 percent are living in semi pakka houses and 15.09 percent are living in kachha houses. Only 69.53 percent of the total respondents have houses of their own. With regard to the luxuries and gadgets, 87.28

percent of the households have T.V, 71.89 percent have cell phones. Further, only 10.06 percent of the households have motor cycle and 8.88 percent have Fridge of their own.

Table 1: Causes for Physical and Mental Health Problems of Destitute Women

Causes	Strongly Disagree	Disagree	Moderately agree	Agree	Strongly Agree	Total	Cronbach's Alpha
Socio-economic and political realities will affect mental health of women	14 (4.14)	49 (14.50)	116 (34.32)	108 (31.95)	51 (15.09)	338 (100.00)	0.55
Violence and difficulties from the society	2 (0.59)	6 (1.78)	75 (22.19)	126 (37.28)	129 (38.17)	338 (100.00)	0.55
Exhaustion from sexual or overwork affects mental health of women	7 (2.07)	11 (3.25)	106 (31.36)	148 (43.79)	66 (19.53)	338 (100.00)	0.53
Sexual abuse- impact on mental health	1 (0.30)	0 (0.00)	40 (11.83)	124 (36.69)	173 (51.18)	338 (100.00)	0.47
Gender violence leads to women to feel insecure	2 (0.59)	6 (1.78)	38 (11.24)	92 (27.22)	200 (59.17)	338 (100.00)	0.46
Mistreatment leads to women to face social problem	0 (0.00)	4 (1.18)	6 (1.78)	63 (18.64)	265 (78.40)	338 (100.00)	0.51
Rejection by society and family members leads to psychological disorder	9 (2.66)	16 (4.73)	44 (13.02)	111 (32.84)	158 (46.75)	338 (100.00)	0.50
Lack of financial problems leads to health disruption	49 (14.50)	117 (34.62)	133 (39.35)	34 (10.06)	5 (1.48)	338 (100.00)	0.58
Lack of health awareness leads to several health problems	1 (0.30)	11 (3.25)	61 (18.05)	186 (55.03)	79 (23.37)	338 (100.00)	0.53
Mistreatment, harassment and discrimination affect mental health	1 (0.30)	11 (3.25)	36 (10.65)	83 (24.56)	207 (61.24)	338 (100.00)	0.42
Gender-based violence leads to sickness	1 (0.30)	11 (3.25)	60 (17.75)	101 (29.88)	165 (48.82)	338 (100.00)	0.45
Lack of proper guidance and family environment	4 (1.18)	60 (17.75)	94 (27.81)	144 (42.60)	36 (10.65)	338 (100.00)	0.48
Lack of government support makes problem even more badly	0 (0.00)	6 (1.78)	28 (8.28)	66 (19.53)	238 (70.41)	338 (100.00)	0.43

Reliability Statistics

Overall Cronbach's Alpha value is 0.52 which shows the internal consistency of the variables is good enough for consideration. Internal consistency or reliability is found to be high among the causes Lack of financial support (0.58), Socio-Political realities (0.55), Violence (0.55), Overwork (0.53), Lack of health awareness. Rest of the causes' alpha value is comparatively lower than overall alpha value (0.52).

Table 2 Reliability Statistics

Cronbach's Alpha	.520
Variance	17.842
Std. Deviation	4.23
Friedman's Chi-Square	1480.3
Sig/ P. Value	.000
Grand Mean	4.01
Kendall's coefficient of concordance W a.	.329

Socio-economic and political realities will affect mental health of women

Nearly 34 percent of the respondents are moderately agreed with the statement that Socio-political and economic realities will have significant affect on mental health of women. Nearly 32 percent of the total respondents are agreed and 15 percent strongly agreed with the above statement. Which indicates that both together nearly 47 percent of the respondents are agreed with the statement.

Violence and difficulties from the society

Violence against woman is the crucial social mechanism in the society. Many psychological researches also proven that violence against women is a severe and pervasive problem the world over, with devastating effects on the health and well being of women. Data clearly shows that nearly 38 percent of the total sample respondents are strongly agreed with the statement that women facing difficulties and violence form the society. Further, 37.28 percent of the total sample respondents are also agreed and 22.2 percent are moderately agreed with the same statement. Very negligible numbers of the respondents are disagreed with the statement women facing difficulties and violence form the society.

Exhaustion from sexual or overwork affects mental health of women

Many women work a 'double day' maintaining households, raising

children, carrying out economically productive activities in marketing and agriculture and in household-based industries. Overwork may lead to exhaustion and stress. In addition, global and local traffic in women for commercial sex as well as household slave entraps women, leading to high rates of mental illness. Out of the total 338 sample respondents 148 (43.8 percent) are agreed, 106 respondents (31.4 percent) are moderately agreed and 66 respondents (19.53 percent) were strongly agreed with the statement that exhaustion from sexual or overwork affects mental health of women.

Sexual abuse: Impact on mental health

Data clearly reveals that 51 percent of the sample respondents are strongly agreed about the statement that sexual abuse on women leads to face mental health disorders. Further, 36.69 percent of the total respondents are just agreed and 11.8 percent are moderately agreed with the above statement.

Gender violence leads to women to feel insecure

Indian women often face many difficulties within their family, community, and patriarchal Indian society. Women who have experienced domestic violence and abuse, widows, destitute and deserted women, women ex-prisoners, and women who are victims of abject social situations most often do not have a source of help or a place to go to seek refuge. Most often they have to come back to their abusive husbands, or they even commit suicides. Their families rarely help women in such circumstances. Numerous studies document that women "work" more hours than do their husbands given their widely diverse economic and household responsibilities. Even though women's share in household work and domestic work, they are undertreated and undervalued since ages. With regard to the total sample respondents, nearly 59 percent of them strongly agreed that Gender violence leads to women to feel insecure about their life and 27 percent are agreed with the statement. Further, 11.24 percent of the total respondents agreed moderately about the above statement.

Mistreatment leads to women to face social problems

Women are drawers of water, hewers of wood, labourers, preparation of food, bearers of children, educators, health care providers, producers and decision-makers. Although they are central to caring for families and communities, to production and reproduction, they are accorded unequal status. Throughout the world they are overworked and undervalued.

With no hesitation, nearly 78 percent of the total sample respondents have strongly agreed with the statement that Mistreatment leads to women to face problem from the society. In addition 18.64 percent of the total respondents are agreed the above statement.

Rejection by society and family members leads to psychological disorder Rejection may be emotionally painful because of the social nature of human beings and the need of social interaction between other humans is essential. Social rejection can influence emotion, cognition and even physical health. Ostracized people sometimes become aggressive and can turn to violence. Data shows that respondents have expressed varied opinion on the opinion that Rejection by society and family members leads to psychological disorder. With the above statement, nearly 47 percent of the total respondents are strongly agreed, 32.84 percent are agreed, and 13.02 percent are moderately agreed.

Lack of financial problems leads to health disruption

It is well known fact that financial stress can affect nearly every facet of our life, this we know. A large amount of debt, a job loss or overtime reduction, medical bills, or simply being irresponsible with your spending could cause undue financial stress. Financial stress can have major effects on your health. Stress, in general, can cause heart attacks, strokes, and many other serious health issues regardless of the source. In this regard data has been collected whether financial problems leads to health disruptions and presented in the table. Data shows that 39.35 percent of the total sample respondents are moderately agreed, 34.62 percent are disagreed and 14.50 percent are strongly disagreed with the statement that lack of financial problems leads to health disruption of a person. However, only 10 percent of the respondents just agreed and 1.48 percent are strongly agreed with the above statement.

Lack of health awareness leads to several health problems

Lack of awareness on human metabolism and diseases has been putting women's lives at risk, and lowering survival rates. Women should see their doctors regularly, and educate themselves about their risk factors. Data shows that out of the total 338 sample respondents 186 were agreed and 79 strongly agreed with the opinion that lack of health awareness leads to several health problems, which is 55.03 percent and 23.37 percent respectively to their total. Further, 18.05 percent (61) of the respondents were moderately agreed with the statement. Further, only 12 (3.55 percent) respondents were disagreed

Mistreatment, harassment and discrimination affect mental health

Gloomy life experiences such as poverty, discrimination, violence, unemployment and separation can also impact on women's mental health and wellbeing. Gender roles and unequal economic and social relations between men and women in our community may also contribute to women's higher risk of depression. Discrimination can increase women's exposure to stress, and stress is a significant predictor of mental illness. Data regard opinion on impact of harassment and discrimination on mental health of women has been collected and presented in table-. Data presented in the table clearly shows that out of the total 338 sample respondents nearly 61 percent (207) were strongly agreed with the statement that Mistreatment, harassment and discrimination will have significant impact on mental health of women. Further, 24.56 percent of the respondents were agreed and 10.65 percent were moderately agreed with the above statement. Only 3.50 percent (12) of the respondents are disagreed with the above statement.

Gender based violence leads to sickness

Gender based violence is violence targeted at individuals or groups on the basis of their gender. A significant proportion of women worldwide will at some point in their lives experience Gender based violence. Gender based violence is often divided into two interlinked categories, interpersonal and structural/institutional violence. Interpersonal violence refers to an act of economic, sexual, psychological or other violence perpetrated by an individual against another individual. Structural/institutional violence refers to 'any form of structural inequality or institutional discrimination that maintains a person in a subordinate position, whether physical or ideological, to other people within her family, household or community' (Manjoo 2011). Out of the total 338 sample respondents, 165 (48.82 percent) were strongly agreed about the opinion that gender based violence leads to health

problems. Further, 29.88 percent of the respondents are agreed and 17.75 percent are moderately agreed with the above opinion/statement.

Lack of proper guidance and family environment

Some health problems and issues can be solved by crating awareness and discussion with family members. Data reveals that nearly 43 percent of the total sample respondents were agreed and 10.65 percent are strongly agreed with the statement that lack of proper guidance and bad family environment leads to health problems.

Lack of government support makes problem even more badly

The National Rural Health Mission (NRHM) launched by the Government of India is a leap forward in establishing effective integration and convergence of health services and affecting architectural correction in the health care delivery system in India. School health, mental health, referral system and urban health remain as weak links in India's health system, despite featuring in the national health policy. School health programs have become almost defunct because of administrative, managerial and logistic problems. Mental health has remained elusive even after implementing the National Mental Health Program. Out of the total 338 sample respondents, nearly 70 percent are strongly agreed and 19.55 percent are agreed with the opinion that Lack of government support makes problem even more badly. Only 8.28 percent of the total respondents were moderately agreed and 1.78 percent of the total respondents were disagreed with the above statement.

SUMMARY CONCLUSION AND SUGGESTIONS

The results of Cronbach's Alpha value (0.52) show that the internal consistency of the variables is good enough for consideration. Whereas the internal consistency or reliability is found to be high among the causes Lack of financial support (0.58), Socio-Political realities (0.55), Violence (0.55), Overwork (0.53), Lack of health awareness. Rest of the causes' alpha value is comparatively lower than overall alpha value (0.52). Nearly 78 percent of the total sample respondents have strongly agreed with the statement that Mistreatment leads to women to face problem from the society. Nearly 70 percent are strongly agreed and 19.55 percent are agreed with the opinion that Lack of government support makes problem even more badly. Out of the total 338 sample respondents nearly 61 percent (207) were strongly agreed with the statement that Mistreatment, harassment and discrimination will have significant impact on mental health of women. Nearly 59 percent of them strongly agreed that Gender violence leads to women to feel insecure about their life and 27 percent are agreed with the statement. Data clearly reveals that 51 percent of the sample respondents are strongly agreed about the statement that sexual abuse on women leads to face mental health disorders. About 55.03 of the sample respondents are agreed with the opinion that lack of health awareness leads to several health problems and 23.37 percent are strongly agreed with the statement. Whereas the internal consistency or reliability is found to be high among the causes Lack of financial support (0.58), Socio-Political realities (0.55), Violence (0.55), Overwork (0.53), Lack of health awareness. Rest of the cause's alpha value is comparatively lower than overall alpha value (0.52). Form the results of the study it is concluded that Mistreatment, Lack of Government support, Harassment and discrimination and Gender violence are the major causes for the health problems of destitute women in Andhra Pradesh. After giving insight into their problems there is need to focus on the effective implementation of Act. against gender violence and harassment. Further, apart from financial support for the self employment and business activities Government has to give more and good enough financial support for the medical treatment of the destitute women.

REFERENCES

- 1) Deya A. M., & Julius, S. H. (2014), Decision-making Styles and Self-awareness among Destitute Adolescent Girls. *Indian Journal of Health and Wellbeing*, 5(9), 1091.
- 2) Shehu R. A.; Onasanya, S. A.; Uthman, H. A. & Baba, D. A. (2010), Health Implications and Educational Media Strategies of Widowhood Practices in Niger State, Nigeria. *Pakistan Journal of Social Sciences* 7 (2), 101-105.
- 3) Manjoo, R. (2011), 'Report of the Special Rapporteur on Violence against Women, its Causes and Consequences', Human Rights Council, Seventeenth Session, 2 May 2011.