

SOCIAL, ENVIRONMENTAL AND HEALTH ISSUES OF WIDOWS: STATUS AND POLICIES

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Social, Environmental and Health Issues of **Widows: Status and Policies**

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Abstract - The group of widow is very vulnerable and sensible group of society .There are many consequences findings the problem regarding this group .disaster have had an impact on the lives of women all around the world, the above subject emphasizing the condition of widows aftermath of disaster in any situation is various aspectual manner the condition of widows are very sensible towards the social infrastructure .The society cannot easily accept the widows and also become a neglect part of society in various parts of the country .Broadly speaking that in the north suffer greater discrimination and marginalization than widows in the south to greater cruelty and abuse by her in laws than a lower cast widows also free enough to work outside . Widows neither gets socio-economic support nor do they get counseling and emotional support in disaster in family and society at the time of disaster there is very important aspect of rehabilitation of widows in various level is important for upliftment the position of that group among the societies .There is so many vulnerability factors shows the consequences regarding condition of widows in disaster affected area.

Key Words: - Disaster, Widows, Social, Health, Environment, Rehabilitation

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PART -1 (STATUS)

EFFECT OF DISASTER ON WOMEN (WIDOWS WOMEN)

Highly vulnerable women have specific needs and interests before, during, and after disasters. Gender shapes capacity as well as vulnerability. Women are active and resourceful disaster responders but most often are regarded as helpless victims. There are a number of causes which are primarily responsible for vulnerability of people and social structure as far as occurrence of a natural disaster is concerned

- 1.1 Vulnerability Causes:-
- Material/economic vulnerability- Lack of a) Access to resources .A widow not having not many resources for their livelihood that is shows material and economical vulnerability.
- Social vulnerability- Disintegration of social b) patterns, There is disintegration of resembling of social aspect in a way of various aspectual manners.
- Ecological vulnerability -Degradation of the c) environment and inability to protect it .The

health and ecological environment not sustainable for widows up to the mark in different level of society.

- d) Organizational vulnerability- Lack of strong national and local institutional structures. There is negligence for widows towards the social aspect and left alone on their own condition creates organizational vulnerability.
- Educational vulnerability- Lack of access to e) information and knowledge there is lack of awareness among widow women regarding educational sustain that shows educational vulnerability.
- Attitudinal and motivational vulnerabilityf) Lack of public awareness, and there is a perception of society regarding widows increase vulnerability situation on the form of attitudinal and motivational concern.
- Political vulnerability -Limited access to g) political power and representation. There is lack of political will regarding making policies for women at disaster affected area.

- h) Cultural vulnerability -certain beliefs and customs ,that creates the distortion of social life of widows by implementing inappropriate laws and regulation.
- Physical vulnerability -Weak buildings or weak i) individuals, also build up in disaster affected area and not on the basis of disaster situation.

The increased vulnerability of women, though primarily due to biological reasons, is also associated with factors which are socially and culturally deeply rooted in the community? They have to face different situations at various stages of disaster

After the immediate post-disaster period when adequate relief did not pour in, they have been bartered for food. In the late post-disaster period, girls may be married off at a much younger age or wedded to older persons, who may buy them under the guise of marrying them.

1.2 **Psychological Aspects:-**

After a major disaster, it is seen that women are more prone to depression and other emotional disturbances. psychological vulnerability of women predominantly arises from their inherent family instincts. After disaster loss of shelter and family poses a tremendous pressure. On occurrence of a natural disaster women are expected to play the role of care taker to the family without paying attention to their own losses. Feeding the children or other family members becomes their first concern and they immediately start getting involved in various activities. Thus, with trauma and stress added burden of duty and responsibility make the women more vulnerable to physical, mental and emotional stress.

It is supposed that men, are stronger both physically and emotionally but it is evident that women are better capable of handling emotionally charged issues, physical pain, and stress. Men think in the now, in present situation while women think more in the long term, big picture mode. When confronted with an emotional issue, women tend to look at how the resolution will affect those involved, while men usually look at the resolution itself as the end result. Men are more concrete thinkers, and women think on the emotional level due to differences in thought processes, women are better equipped psychologically to handle emotional situations than men.

1.3 Socio-cultural Consequences:-

Following a major disaster, women tend to lose the entire social support structure which they badly require. Women have to deal with the grief of having lost their spouse along with the burden of increased responsibility towards their surviving family with young children. In such a circumstance they have to take on new roles of bread earner and protector for which they might not prepared both psychologically and physically. Various socio cultural consequences are.

1.3.1 Physical impact:-

- Soreness, Sleep disturbance
- Eating disturbance
- Gynecological problems
- Injuries Miscarriages
- Aches and pains,
- Physical impairments, Rape

1.3.2 **Emotional impact:-**

- Anxiety
- Fear and embracement
- Humiliation irritability
- Degradation, disbelief
- Listlessness and hypovolemic shock
- Denial
- Dreams and nightmares

1.3.3 Socio economic impact:-

- Dealing with new societal roles like being a widow
- single parent or head of house
- Inability to work,
- feeling isolated,
- withdraw from external life

2. **ISSUES FOR WOMEN:-**

Social Issues and Problems faced by Women in India:-

There are various issues and problems which women generally face in the society in India. Some of the problems are mentioned and described below:

Selective abortion and female infanticide: It is the most common practice for years in India in which abortion of female fetus is performed in the womb of mother after the fetal sex determination and sex selective abortion by the medical professionals.

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- Sexual harassment: It is the form of sexual exploitation of a girl child at home, streets, public places, transports, offices, etc. by the family members, neighbors, friends or relatives.
- Dowry and Bride burning: It is another problem generally faced by women of low or middle class family during or after the marriage. A parent of boys demands a lot of money from the bride's family to be rich in one time. Groom's family perform bride burning in case of lack of fulfilled dowry demand. In 2005, around 6787 dowry death cases were registered in India according to the Indian National Crime Bureau reports.
- Disparity in education: The level of women education is less than men still in the modern age. Female illiteracy id higher in the rural areas. where over 63% or more women remain unlettered.
- Domestic violence: it is like endemic and widespread disease affects almost 70% of Indian women according to the women and child development official. It is performed by the husband, relative or other family member.
- Girls have no property rights like boys forever.
- Child Marriages: Early marriage of the girls by their parents in order to be escaped from dowry. It is highly practiced in the rural India.
- Inadequate Nutrition: Inadequate nutrition in the childhood affects women in their later life especially women belonging to the lower middle class and poor families.
- Domestic violence and status in the family: It is the abuse or violence against women. Women are considered as inferior to men so they are not allowed to join military service.
- Status of widows: Widows are considered as worthless in the Indian society. They are treated poorly and forced to wear white clothes.

2.2 Economical issues:-

Many widows come across economic hardship during their life. They are bound to send their children out to work to earn income instead of sending them to school for education. Some widows are forced to adopt prostitution as sources of income and get infected by STD easily.

Employment opportunities for windows are very low especially because of the limitations on mobility and gender division of labor. So the widows have to adjust with in-law's family remaining engaged with-domestic chores and child rearing activities or to live with and adult son.

Thus widows face different types of problems in their life. So it is suggested that if the widows is very young, it is wise to get marry with brother-in-law or cousin in the family or to return to her parental home. They may apply for the pension or may take loan from financial institution to purchase a sewing machine or other goods to start a shop to earn income or she may migrate to the nearest town to engage herself in domestic service, widows can approach to NGO Branch to get any help. The eventual step is to seek refuge in an ashram to survive; chanting with temple hymns leading austere impoverished lives sharing rented rooms with other widows

The economic issues concern regarding the sinario of widows towards the rehabilitation of widows by using eonomoical policy implementation aspect in various aspectual manner.

2.3 Health issues 4.-

Cancer: - Two of the most common cancers affecting women are breast and cervical cancers. Detecting both these cancers early is key to keeping women alive and healthy. The latest global figures show that around half a million women die from cervical cancer and half a million from breast cancer each year. The vast majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent, and where vaccination against human papilloma virus needs to take hold.

Reproductive health: Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years. Unsafe sex is a major risk factor – particularly among women and girls in developing countries. This is why it is so important to get services to the 222 million women who aren't getting the contraception services they need.

Maternal health: Many women are now benefitting from massive improvements in care during pregnancy and childbirth introduced in the last century. But those benefits do not extend everywhere and in 2013, almost 300 000 women died from complications in pregnancy and childbirth. Most of these deaths could have been prevented, had access to family planning and to some quite basic services been in place.

HIV: Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV

infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require. This also leaves them particularly vulnerable to tuberculosis - one of the leading causes of death in low-income countries of women 20-59 years.

Sexually transmitted infections: I've already mentioned the importance of protecting against HIV and human papillomavirus (HPV) infection (the world's most common STI). But it is also vital to do a better job of preventing and treating diseases like gonorrhea, chlamydia and syphilis. Untreated syphilis is responsible for more than 200,000 stillbirths and early fetal deaths every year, and for the deaths of over 90 000 newborns.

Violence against women: Women can be subject to a range of different forms of violence, but physical and sexual violence - either by a partner or someone else - is particularly invidious. Today, one in three women under 50 has experienced physical and/or sexual violence by a partner, or non-partner sexual violence violence which affects their physical and mental health in the short and long-term. It's important for health workers to be alert to violence so they can help prevent it, as well as provide support to people who experience it.

Mental health: Evidence suggests that women are more prone than men to experience anxiety, depression, and somatic complaints - physical symptoms that cannot be explained medically. Depression is the most common mental health problem for women and suicide a leading cause of death for women under 60. In various factors.

Non-communicable diseases: In 2012, some 4.7 million women died from non-communicable diseases before they reached the age of 70 —most of them in low- and middle-income countries. They died as a result of road traffic accidents, harmful use of tobacco, abuse of alcohol, drugs and substances, and obesity -more than 50% of women are overweight in Europe and the Americas. Helping girls and women adopt healthy lifestyles early on is key to a long and healthy life.

Being young: Adolescent girls face a number of sexual and reproductive health challenges: STIs, HIV, and pregnancy. About 13 million adolescent girls (under 20) give birth every year. Complications from those pregnancies and childbirth are a leading cause of death for those young mothers. Many suffer the consequences of unsafe abortion.

Getting older: Having often worked in the home, older women may have fewer pensions and benefits, less access to health care and social services than their male counterparts. Combine the greater risk of poverty with other conditions of old age, like dementia, and older women also have a higher risk of abuse and generally, poor health.

WHY WOMEN ARE MORE **VULNERABLE⁵:-**

Women are made more vulnerable to disasters through their socially constructed roles. As Elaine Emerson states "..gender shapes the social worlds within which natural events occur." ·

- Women have less access to resources -3.1 social networks and influence, transportation, information, skills (including literacy), control over land and other economic resources, personal mobility, secure housing employment, freedom from violence and control over decision-making - that are essential in disaster preparedness, mitigation and rehabilitation.
- 3.2 Women are victims of the gendered division of labour. They are over- represented in the agriculture industry, self-employment and the informal economy, in under-paid jobs with little security and no benefits such as healthcare or union representation. The informal and agricultural sectors are usually the most impacted by natural disasters, thus women become over-represented among the unemployed following a disaster. .
- 3.3 Because women are primarily responsible for domestic duties such as childcare and care for the elderly or disabled, they do not have the liberty of migrating to look for work following a disaster. Men often do migrate, leaving behind very high numbers of femaleheaded households. The failure to recognize this reality and women's double burden of productive and reproductive labor, means that women's visibility in society remains low, and attention to their needs is woefully inadequate. ·
- 3.4 As one of the primary aspects of women's health in particular, reproductive and sexual health are beginning to be recognized as key components of disaster relief efforts, attention to them remains however inadequate and women's health suffers disproportionately as a result.
- 3.5 Because housing is often destroyed in the disaster, many families are forced to relocate to shelters. Inadequate facilities for simple daily tasks such as cooking means that women's domestic burden increases at the same time as her economic burden, leaving her less freedom and mobility to look for alternative sources of income.6.
- 3.6 When women's economic are sources are taken away, their bargaining position in the household is adversely affected. Disasters themselves can serve to increase women's

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vulnerability. Aside from the increase in female-headed households and the fact that the majority of shelter residents are women, numerous studies have shown an increase in levels of domestic and sexual violence following disasters.

PART-II (POLICIES)

SOCIAL. ENVIRONMENT AND HEALTH POLICIES IN DISASTER AFFECTED AREA

There are attempts to reduce vulnerability of groups through various strategies and policies especially strengthening their employment and \livelihood program

Focus on implementation on issues⁷ are:-

- 1. Sustainable Livelihood Programme
- 2. Guarnting Dignity and right to live
- 3. Special shelters programme
- 4. Building up a cadre of female relief workers
- 5. Training of women volunteers for rehabilitation

Rehabilitation programs for widows

Food for Work Program8:- one of the most 1. important and effective instrumentalities food for work programme launched by govt of india in January 2001 The objective of the programme is to provide additional resources apart from the resources available under the Sampoorna Grameen Rozgar Yojana (SGRY) to 150 most backward districts of the country so that generation of supplementary wage employment and providing of food-security through creation of need based economic, social and community assets in these districts is further intensified . A need for the new programme was felt because the existing resources in the SGRY were not sufficient to meet the requirement of additional wage employment in most backward districts. Moreover, it was felt that the additional resources should be channelised into some focus areas like water conservation and drought proofing which is the principal problem in some States and a major cause of backwardness of certain regions. Some areas are flood-prone and measures for flood control require special attention in these areas in a planned manner. The States were finding difficult to provide State share of funds and therefore, a 100% Centrally Sponsored Scheme was proposed so that the investment in backward areas does not suffer because of lack of resources available with the States.

- 2. Health and nutritional care :- disasters results health and nutritional problems for the vulnerable section the different program for health and nutritional care are ICDS for women and children, mid may meal scheme for children.
- 3. Micro finance: - many existing financial tools and safety nets plan an important role in reducing the vulnerability of hazard prone population in india self-employed women association provides micro finance and safety nets to the widows with to gathering of international fund for agricultural development etc.
- 4. Capacity building: - for that purpose government operated the community based disaster risk management program for all widows section in the way of various aspectual manner.
- 5. Pension plans⁹:-

Widow Welfare Scheme by Govt. of India

The Union government wants to expand the scope of the National Social Assistance Programme, or NSAP, a welfare fund, to include about four million poor widows, besides people with multiple disability—to provide each of them a monthly pension of Rs200, which is likely to put an extra burden of Rs1,691 crore a year on the government.

Widows aged between 40 and 64 and people in the age group of 18-64 from below poverty line, or BPL, households, who have multiple disabilities, will now be covered by NSAP.

- Pension Scheme for Widows Between 18-60 1) years of age, resident of Delhi from at least 5 years before applying & total personal annual income below Rs. 48,000/-Rs. 600/- p.m remitted quarterly Govt. of India Prescribed Application forms can be obtained free of cost from the Area MLA/MP. Concerned District Office (SW) as per their jurisdiction or FAS Section, HQ
- Widow's daughters' marriage/ Marriage of 2) Orphan Girls.
- 3) Scholarship to the children of widows Studying children of the widows who are residents of Delhi. For class 1st to 5th Rs.500/- per year For class 6 th to 8 th Rs.600/- per year For class 9th to 12th

Rs.1000/- per year Depend upon State Govt.

CONCLUSION

Suggestions:-

- 1. Determination of special relief fund for implementation of policies for widows.
- 2. Provision or establishment of special health care centers for widows in disaster affected area
- Capacity building and skill development 3. program for widows

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