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## Social expectation and role dilemma: The challenges on women's health

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### ABSTRACT

*The realm of health takes fundamental concern in women's life, which can alter and may be altered by social themes. Certainly, the biological and individualistic orientation of modern medicine has led to remarkable success in our understanding of different types of disease and their treatment. The bio-medical model focuses almost exclusively on the material or biological causation than the mental or psychological dimension of the patient. There have been limitations in thinking that biomedicines hold the key to improving women's health and that doctors are 'real' experts. They can offer little help in understanding why some individuals and groups are more likely to become sick than others. Where health problems affect both men and women, few studies have explored the possible differences between the sexes in their development, symptoms, and treatment (American Medical Association). Also, no single discipline will provide an adequate conceptual framework for understanding the complex relationship between women's health and the quality of their life (Doyal-1995,18). Instead of examining the interior of female bodies, it will be more significant to investigate the ways in which women's 'lives', particularly the major areas of their activity, can make them easily sick. The realities of women's sickness and health must be explored in a wider socio-cultural context*

**Keywords:** Dual Role Dilemma, Social Expectation, Ill Health, Women, Gender Roles

### 1. INTRODUCTION

The health status of women in a society is the index standard, determining social progress. The most common way of thinking about health, based on the bio-medical model, is to view it as the absence of physical disease (Mishra-1999, 28). Though physical and material aspects are certainly important, we cannot meaningfully talk of well-being without taking into account the individual's existential condition. It is possible to define health as the absence of subjective feeling of illness or the absence of sick role identity (Mishra-1999,28). Traditional accounts of women's health problems usually focus on their reproductive role yet; it is by no means the only factor influencing women's health. The domain of health embodies the entire range of issues related to illness, sickness, well-being, preventing, diagnosing, healing, caring, and curing. The tendency to diagnose women's ill health as psychogenic seems relevant, in the contemporary women's life world. Whatever their cultural differences, between birth and death, a women's life is surrounded by a lot of conflicting, contradictory, and sickening aspects due to their bundle of relationships. Most societies give women the ultimate responsibilities of their families, often at considerable cost to their own health. Women in rich countries work out their survival strategies as their own but it is not the case among poor women in third-world countries.

### 2. SOCIO-CULTURAL PERSPECTIVES

When women are becoming keen on sharing or shouldering the economic responsibilities of the family, the challenges that she has to face and has to take, are increasing. Recent years have increasingly brought great change in the life of Indian women influencing their attitudes, values, inspirations and feeling as well as participation in various walks of life. Working women experience greater 'inter -role' overload and conflict than either men or non working women. The cross -cultural perspectives on domestic work reveals that whatever maybe their cultural differences much of the household and productive tasks performed by women remains unaccounted due to socio-cultural factors.

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Women does lot of 'unpaid,' free' works at home as per 'normal', 'natural' and 'traditional' social expectation. There is convincing evidence that working women suffer with regular headache and depression due to stress of balancing multiple roles. The change in the socio- economic concepts on women's role, motivated towards empowerment involves certain 'hidden' aspects

causing 'ill health'. Many potential women of high caliber suppress themselves from career advancement for the sake of peaceful, stress less family life, considering serviceto husband as the fundamental obligation of a women's life. The work participation of women is strongly influenced by socio-biological factors. The physical and biological characteristics of women set them apart from men and influence greatly- the nature, extent, duration, intensity of their work and labor. The introduction of basic services such as drinking water, gas and electricity, along with development of domestic appliances, ameliorated the hard physical labor that exhausted so many working-class women, yet their money worries combined with heavy caring responsibilities still remains. It is true, when gaining employment outside home they are seeking different identities. But when her social obligation conflicts with emotional and psychological expectations, it may infuse a far-reaching impact in the health status of women.

### **3. INTER ROLE CONFLICTS**

Inter -role conflicts are caused by the acceptance of two or more roles, to which different sets of expectations are directed, which cannot be avoided. The conflicting sets of expectations are characterized by the fact that they are considered to be legitimate but the absolute fulfillment of which is impossible in reality. It is necessary to sacrifice and compromise or to choose one alternative which may likely bring about internal conflict. Mostly in Indian situation, 'working women's roles 'and their 'family role' and its expectations runs parallel to each other. The role conflict of married women is most intensive during the first years of marriage. Working women has also the traditional role of a home maker, when the children are small and not going to school yet. The feeling ofguilt that they are unable to fulfill the demands of multiple roles in their family evokes psycho-somatic problems. Generally, women struggle hard to reconcile the demands of her multiple roles. They should have to resolve between institutionalized traditional role expectation and more social prejudice. The contradictory role expectation and structural obstacles takes them to dilemma. Due to multiple roles, there is convincing evidence that working women do face tension due to their role-conflict and consequent health loss. What makes women easily sick is a relevant issue to be studied. Medicines hardly finds answers to many of the women's health problems. Thus, she has not always been longer lived than men. She always remains as "Other", and he is presumed to be the 'I'. The 'Others' role is to offer devotion, comfort, constancy, and admiration so that 'I' can be, can grow in self- assurance (McBride-1976, 56).

### **4. WORK STRESS, DEPRESSION AND ILL- HEALTH**

When the inner experiences of women are inextricably embedded in the socio- economics and cultural matrix, what does work mean to an Indian woman? Marriage, motherhood, dependents and dependency, reproduction, contraceptives, abortion and domestic violence, works in combination with her inner feelings causing stress, fear, anxiety, frustration and depression. Most educated women prefer job than family. 'A job gives wo man an affiliation of her own, another place besides home, where she belongs and where she has contact with the people. Job gives structure to a woman's life, gets her out of the house regularly (176). The educated working women in the middle-class family are passing through a transitional period of prescribing them the dual role of a working wife and a mother. While women are shouldering the dual responsibilities, the traditional expectation o f the household responsibilities continues unaltered. Marriage and Parenthood appear to be incompatible with a career for women and are seen as conflict arousing. The conflicts to which Indian women are exposed to due to her entry into new spheres of life – study and profession, are above all inter-role conflicts (Gross-1957, 288).

The study of the relationship between conditions of workplace and health of women workers has not been broadly developed. Threat to health is always present and severe to those who work in industrial settings. Diseases such as black lung and dangers presented by interaction with hazardous equipment and toxic substances have been a major concern (Mckinlay-1985,53). The occupational conditions are believed to threaten women's reproductive capacity. There are indications that the use of video display units and other new equipments can produce a variety of deleterious effects including eye strain, headaches, and pain in back, neck and shoulder. The study of women's occupational health requires an extension of concern beyond the bound aries of work place. Such an extension would add to the study of 'intrinsic' work place charac teristics consideration of such 'extrinsic' factors as women's domestic experience and the meaning and values they invest in their activities as workers (55). Not only marital status , but factors such as partners occupational status and social class, the presence of children, all have implications for which women's occupational obligations are coor dinated with her domestic duties , as well as the values and priorities that are likely to characterize her orientation to work (60). It appears that the combination of intrinsic stressful work and the extrinsic features of their domestic works contribute to elevated risk levels. The role conflict sometimes forces the woman to give up jobs or working at the whims and fancies of her parents or husband. Studies shows that 51.22% of working women in Bombay came from nuclear families and 76.42 per cent had children and over 25 per cent of the mothers had nobody to whom they could entrust the children (Weitzman-1974, 1170-1288). There exist numbers of factors that complicate the dilemma of performing dual roles

- Woman who does not desire to take up employment may be forced to do so due to the economic pressure to supplement family income. She spends extra energy to adjust with the demands and pressure of her family, employment and her own self. This is done at the cost of her health. The married working women faces greater health risks than men because of their dual roles o f work and family responsibility (Jha-1998,36).

Married working woman in a joint family has to deal with mother-in-law and sister-in-law who may have some envy or jealousy with her status. Consequently, she may be forced to please others by doing extra hard work, ignoring herself. Majority of women are not able to food in time. This situation may likely to cause gastric ulcer.

- Insufficient comfort stations in the work place prevent women from drinking sufficient water, thus causing bladder stone and kidney trouble for many.

- low and unequal wages, lack of minimum facilities of privacy, disregard of women as decision makers and verbal and physical harassment at home and work place, do add up to their role dilemma.

Women's responsibility as 'provider' or 'care giver' is central at home. While discharging her duties at home as per the expectations of others, woman mostly forget to take care of herself. The job 'outside', determines her 'public life' and the job 'inside' determines her 'private' life, the working women encounter the 'dual role dilemma'. Women's 'ill health' is mostly due to the 'intrinsic' and 'extrinsic' 'multiple - role' conflict. A patriarchal society has written biology to serve its own ends (McBride-1976, 11). Most of all, many women have come to feel they are nothing more than a walking, talking mass of contradictions, suspended somewhere between the past and the future, trying to repudiate themselves as they repudiate old beliefs. (7)

## **5. PSYCHOLOGICAL PERSPECTIVES**

Woman has been expected by the traditionalists to be capable of "a terrible patience, a vast tolerance, forgiveness, forbearance and almost divine willingness to forget private wants in the needs of her family" (McGinley-1959,17). The work and the family role conflict have been well- documented. Traditions say, "Women are her body". A woman's body doesn't even belong to her! The first dilemma a woman experience is coming terms with her own body (McBride-1976, pp.11). Historically woman has been regarded and destined to delight the eyes, gratify the senses and produce children, but relatively little importance was ever attached to her muscular strength, intelligence and creativity. But modern women are protesters of the attitude of treating them as a mere body, and wants to proclaim that that they have a soul and identity. Getting empowered is the right solution for women's issues. Women often undergo heavy psychological pressures due to multiple roles and insufficient energy and time. Simply transporting oneself to and from workplace regardless of what takes place during the eight-hour day, can be a stressful experience (Desai-1969,11).

Stress effects on individual's health, may be on short term or long-term nature. It 'reduce body's immunity, increase blood pressure, increase heart rate and skin conductivity, increase segregation of acids harmful to health, depression, anxiety, denial, morbid thoughts, inability to concentrate, withdrawal, Performance impairment'. (Mishra-1999,340)

As duration of stress gets prolonged, the individual's efforts and resources of coping start diminishing. This leads to psychopathology. Strategies to overcome stress have been the major concern for health practitioners.

## **6. EXISTENTIAL ISSUES**

Women's 'struggle' for an 'authentic existence' in a traditionally designed, patriarchal society, is stressful with, 'inherent' challenges. When her social obligations conflict with emotional and psychological expectations, it may infuse far reaching impact in the health status of women the change in the socio-economic scenario. The contemporary vision of women's role, motivated towards empowerment, involves its own hidden challenges. When modernity assigns her with 'dual world' of work - two distinct but overlapping arenas: public domain and private domain, her authenticity has been crushed and scattered between time, responsibility and finding her own domain. She may turn to be a struggling being, incapable to do justice to herself and others. Her struggle for autonomy, self esteem and personal control clashes with her multiple statuses. While some may seek refuge in her own private life and balancing her identity, many others may lose their balance either physically or mentally or both. A private realm of one's own is the highest dream for most working women.

## **7. CONCLUSION**

Biologically, mentally and spiritually women deserve a stress less life with equality of job opportunities and possible reduction in the unseen, unpaid work, undertaken as part of her gender role. Once women are empowered to the opportunities for education and self-development, she must not hesitate to accept challenges of self renewal in the face of changing social circumstances. It requires: Reformed socio- cultural norms, social support, health awareness, better living and working conditions, improved social security benefits, Flexible interpretation of sex roles., Training to develop mental health, stress management and conflict resolving, redistribution of roles, duties within the family to enable or to assert equality in a free employment market. It requires that the - the cultural and social norms on appropriate gender roles behavior have to be reinterpreted and the Campaigning for appropriate legal reforms to be enforced

When the contemporary western thought and practice regarding health, holds a dualistic view of health, makes the physical health regarded separate from mental health and the two domains are death relatively independent.

Current developments in scientific thinking support a holistic outlook towards healthy existence The Ayurveda, which is the science of life, yoga - the science of healing is more holistic in their outlook towards matters of health. They cover the Bio-psycho- socio and the individual's relationship with the social, cultural and spiritual ecology as well as the entire cosmos. It conceives person as embedded in his context. The matters of health and disease and knowledge of human mind and body constitute the natural philosophy of various cultures. Once we realize the role of culture in determining the meaning and oppression of health, we must rethink and modify our methods of assessing and treating disease. Mind has healing powers and can cure many ailments. Its power is like rays of light that dissipate; when they are concentrated, they illumine the external body and internal state of mind. The mere healing is not enough, mutual appreciation, perfect understanding, sharing of ideas as well as responsibilities, and encouragement between the partners are a key to maintain a healthy family, where women are not overstrained with the burden of life.

In a 'Welfare state', with an 'affluent society' where the class divisions of the past have disappeared, women being cared, recognized, admired and honored, life will become easy, stress less and healthy.

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