

## Measuring Health of the “Home Makers” in Kerala

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**Keywords:** Home maker; Gender; Health Measures

Kerala, one of the southern states of India is well known for its remarkable achievements in the field of health. State's infant mortality Rate (IMR) is 12 against an IMR of 178 in the country. Maternal mortality rate of Kerala is 66 per lakh while national rate is 178 per lakh [1]. Female literacy (90%) is attributed as one of the major determinant of this achievement. But it is enigmatic to observe that the female work participation in the paid work force is as low as 28% [2]. But their contribution to the productive and reproductive sphere of social life is recognized in recent times. Majority of women who undertook the role of wives and mothers in the past, counted themselves as housewives - considered the work done as their duties- not counting the value of their never ending toil to maintain the integrity of family. Value of their work was not accounted because it did not have exchange value. Consistent persuasion of women's organizations resulted in counting house wives as contributors to the economy of nation. Now they are recognized as “home makers” which mean that their contribution got valued at least in the conceptual level. But they have yet to be compensated in daily life for their contribution. Gender division of labor and stereotyping prevail in all social relations both in private life and public sphere. Studies show that 80% of domestic work is performed by the home makers/ housewives [3].

In this context, their health and illnesses are also not viewed from gender perspective. Gender based stereotyping and division of labor often becomes a barrier to women's health and happiness. Women are accustomed to give least priority to the comforts of their body and happiness in life. Their work at home is continuous, strenuous and monotonous resulting in chronic fatigue, depression, weakness, swelling of limbs and somatisation disorder, to mention a few [4]. It was observed that morbidity continued to be high among women than men in Kerala from 90s. Depression and suicide attempts among Kerala women are higher comparing to other states [5]. This is interpreted as a result of the phenomenon of high education and low work participation.

Health is also defined as quality of life in recent times. This is measured using composite indices which include happiness, leisure, decision making power, creativity etc in addition to conventional indicators like mortality, morbidity and disability. Health is no more considered as mere absence of disease, but physical, mental and social well being. Indices are developed by researchers to measure subjective well being, happiness and quality of life. All these consider work satisfaction, hours of work, social relations, leisure and enjoyment to assess the health status of a person [6-8]. Women as home makers, work long hours at home ranging from 10-20. It can even turn out to be 24 hours when they have small babies. They work for 365 days without holidays [9]. Even when they are sick, they are compelled to do work. On the other side, they have to look after other family members when the latter become sick.

## Conclusion

New health measures are to be developed to capture the ‘occupational health status’ of home makers. This can assume an equally distributed life domains like work, entertainment and leisure as measure of positive health. An elaborate time use survey among home makers will be helpful to develop a composite index for measuring quality of life, a proxy measure for health. Scales and scoring system can be developed as in other composite measures like Physical Quality of Life Index (PQLI), Subjective well being measure, Gross National Happiness index etc. Work with happiness and creativity can be given positive score or weightage. This can be based on the subjective assessment of the person. In addition to quantitative measures, subjective evaluation of home makers can be made by conducting in depth interview. Measuring health of home makers as a composite index will bring out the pain and discomfort they experience in their daily life. This will contribute to formulate gender sensitive policies, addressing issues related to inequities in health and development.

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Received July 14, 2015; Accepted August 08, 2015; Published August 15, 2015

Citation: Jayasree AK (2015) Measuring Health of the “Home Makers” in Kerala. Occup Med Health Aff 3: 210. doi:10.4172/2329-6879.1000210

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