

Role of Women in The Management of Residential Environment

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ABSTRACT The health status of an individual is evidently the consequence of the interplay and integration of two major ecological considerations - the internal environment and the external environment. The "residential environment" is a very crucial universe for the development of a responsible psycho-social behaviour. Women may play a vital role in the promotion of environmentally responsible behaviour in the residential setting. The present article discusses various dimensions of psycho-social behaviour viz. social support and family support, family violence and childrearing practices; and physical aspects - housing and health, overcrowding, solid wastes disposal and noise. These are seen as fundamental toward managing the health of the individual and the family. Some suggestions have been offered to women in respect of managing and/or promoting healthy residential environment.

Within a relatively brief period, the study of environment and behaviour has become a matter of great concern for the psychologists who study psycho-social behaviour in human being. Advances in the environmental psychology focus exclusively on the various pollutants, soil erosion, overexploitation of the scarce, overcrowding, conditions of slums and houses in the rural and urban areas; and greater appreciation of the impact of environmental influences on health, nutrition, living conditions and social disorders such as aggression and violence, delinquency, crimes, drug addiction etc., and physical disorders - cancer, hypertension, sensory and mentally handicapped children. Apart from interest in the field of environmental psychology for its own sake, the need to address psycho-social behaviour draws one to outline precursors in women and their environmentally responsible behaviour to arrest the degradation of residential environment.

This article presents the role of women in the management of psycho-social behaviours - social support and women support, family violence and child rearing practices; and various physical

aspects such as housing and health, overcrowding, solid wastes disposal and noise, that effect residential environment.

Residential Environment: The WHO (1961) defined "residential environment" as the physical structure that man uses and the environs of that structure including all necessary services, facilities, equipment and devices needed or desired for the physical and mental health and the social well-being of the family and the individual. In other words, a healthful residential environment is one in which "the family can develop and flourish physically, mentally and socially" (WHO, 1965).

The process of residential environment refers to sequential patterns of psycho-social behaviour that emphasizes the role of individuals in shaping and promotion of environmental behaviour. Broadly speaking, family and his value system influence such process. Residential environment is directional and motivational because it involves locus of effort of every individual in the family to approximate quality of life. The relationship between environment and behaviour is the prime concern of individuals. Rapid industrialization and urbanization in recent years have adversely affected the quality of life in houses.

PSYCHOSOCIAL BEHAVIOURS

Social support and women support, family violence (child abuse, spouse abuse, elder abuse) and childrearing practices are some of our society's most pressing psychosocial behaviour that have impact on individual's and family's health. Psychosocial behaviour would depend to a great extent on what part of the nation or locale (*i.e.* rural or urban) we live in and what issues affect our quality of life at present. A social psychologist or environmental psychologist is interested in studying how the home damages the individual and family in various ways.

Social Support and Women Support: Most of the empirical literature on social support states that it is an environmental provision; *i.e.* how much support a person has depends on what the social environment provides. This assumption refers to the identification of the environmental and nonenvironmental factors that influence the quality and quantity of these provisions. The social environment is not independent of the individual. How an individual views and deals with his or her social environment has a great deal to do with what it provides?

The role of social support has established the fact that it serves as a moderator and mediator to cope with the psychological and physical disorders. Social support is related to the interpersonal aspect of a person's life. It may be emotional support, physical support, esteem support, or network support (Cobb, 1976, 1979). It may be objective-subjective or tangible-psychological (Caplan, 1979), and it may be instrumental support (Hobfole et al., 1991).

There are some situations when social support might deteriorate the residential environment or affect the family equilibrium. When a person is seriously ill he or she receives emotional and practical support from family members that in turn deteriorated adequate family functioning in the form of interpersonal conflict and negligence. Another problem with social support is that it might lower one's self-esteem and mastery. Receiving support from others creates a feeling in the patient that he/she is alienated person, a dependent on their loved ones. Receipt of social support is determined by three domains of variables: (a) personal characteristics, (b) qualities of personal relationships, and (c) characteristics of the environment (Cutrona, 1986; Shumaker and Brownell, 1984).

The traditional role of homemaker often gives a woman a subordinate status within the home, limits her freedom, and leaves her feeling ungratified. In spite of all this, among the family members, women provide more support and satisfaction to the family members. However, their economic dependence on others adversely affects their identity. Women had overinvolved or overprotective relationship with the family. The cultural emphasis on the desirable roles causes guilt feelings in women who are unfulfilled by

the mother, wife and homemaker roles, and undoubtedly contributes to depression in middle age.

Family Violence

(A) Child Abuse: Marsden and Wrench (1977) have defined child abuse as "a deliberate attack against a child resulting in physical injury perpetrated by any person exercising his responsibility as a caretaker" (p.201). Child abuse has become a vogue social problem in recent years in India. It is such a taboo subject that is why it is not reported. However, it is observed that the child has been a victim of sexual or other abuse. The most universal type of physical violence is physical punishment given to the children by the parents. Abuse whether verbal, physical or sexual, leaves psychological scars for life.

The rights of parents and the management of residential environment of the family are still regarded as paramount. A family in which there is child abuse typically has one or more of the following characteristics:

1. There is only one parent.
2. The parent's level of education and socioeconomic status are low.
3. The parent is highly authoritarian.
4. The size of the family is large (*i.e.* 4 or more children)
5. The parent/s is/are unemployed.
6. Violence at home (*i.e.* between mother and father)
7. The parents have high expectation from the child.

(B) Spouse Abuse: The incidence of violence between spouses have long been acknowledged and even tolerated as part of domestic life. Wives are the most frequent victims of such violence, although there are some battered husbands. In recent years spouse abuse has become an issue of social concern and it has a direct or indirect impact on degradation of residential environment. In Indian social context, the incidence of spouse abuse takes place in the form of verbal abuse, beating by their spouses and burnt by the spouses/in-laws.

In India the problem of spouse abuse is more prevalent in urban areas, low and middle socioeconomic status families, lower caste families and Hindus. Spouse abuse is a form of wanting

to belong to a sub-culture. Most of the women who happen to be the victim of their husbands who abuse them, make no attempt to leave them, even when the physical violence is constant. Walker (1977) has suggested this passivity is a form of fatalism. A pattern of dependency, of "learned helplessness", is established early in many women's lives.

Erlanger (1987, p.1) described wife abuse as "a complicated and cumulative cycle of tension, belittlement, violence, remorse and reconciliation that can lead to a paralysis of will and extinction of self-respect". "There is a sense of being trapped, one victim reports". "You live in terror and your thinking is altered" (quoted in Erlanger, 1987, p.44).

(C) *Elder Abuse*: Abuse of the elderly by members of their own families is another form of family violence. Elderly abuse is sometimes referred to as "granny bashing". Abuse of the elderly may take several forms such as physical violence or punishment, withholding of food, stealing of savings and property papers, and verbal abuse and threats. Accurate data on elder abuse are not available because social scientists have only recently become aware of this type of violence. Moreover, little is known about its causes. The simple reason of cropping up this problem in Indian social context is the rise of elderly people in the population and family members' inability to cope with the problems of an aging parent or grandparent.

Family violence is widely recognized as a serious national problem, and there have been serious efforts to increase public awareness of the problem and to prevent where possible. Violence determines the new generation's attitudes towards their own families and society. Women are required to seek greater cooperation from police, legislation, psychologists, counsellor and social workers who deal with families in which house abuse occurs. The family where the child, spouse or elder abuse occurs needs to go into counselling.

Childrearing Practices: One important role for women as mother is in childrearing and homemaking in general. Childrearing is a more formal type of socialization. The cultural emphasis on motherhood also devalues the father's role in childrearing. Women are most fulfilled as moth-

ers and the children require a mother's love, consistent care and attention if they are to grow up healthy and adjusted. Women's attitude toward childrearing is viewed as a necessary index for her emotional maturity. Women are more free to share the responsibilities of taking care of the home and children. Children in deteriorated residential environment, either due to broken home or inadequate family, are often noticeably deviant in many aspects of their development. For women who are heads of such families, child day care is necessary. The need for childrearing practices, particularly by mothers, has increased greatly in recent years as the proportion of working women in Indian Society has risen. Women are to be alert to developing interests and abilities and know how to encourage their children. Both single-parent and dual-earner families must cope with the problem of providing care and rearing for their children while parents are at work.

PHYSICAL ASPECTS

This section covers various types of physical dimensions (*i.e.* housing and health, overcrowding, solid wastes disposal and noise) related to residential setting.

Housing and Health: Housing is a part of the total environment of women's health and well-being. Poor housing affects women's health in particular and the other family members health in general. The following physical, psychological and economic effects appeared due to poor housing.

- (1) *Respiratory Disorders*: Common cold, tuberculosis, influenza, diphtheria, bronchitis, whooping cough etc.
- (2) *Accidents*: A substantial portion of house accidents are caused by some defect in home environment.
- (3) *Morbidity and Mortality*: The prevalence rate of morbidity and mortality are high where housing conditions are poor.
- (4) *Psychosocial Effects*: The feeling of loneliness felt by persons living in the upper floors of high building or the house is located in the secluded place is to have harmful effects which may lead to neurosis and behaviour disorders.
- (5) *Economic Effects*: Poor residential environment

has economic effects. Accelerated price of different commodities increases maintenance and cleaning costs; higher food prices for consumers, and raise the cost of medical care for everyone.

An expert committee of the WHO (1974) recommended the following criteria for healthful housing:

1. Healthful housing provided physical protection and shelter;
2. Healthful housing provides adequately for cooking, eating, washing, and excretory functions;
3. Healthful housing is designed constructed, maintained and used in a manner such as to prevent the spread of communicable disaster;
4. Healthful housing provided for protection from hazards of exposure to noise and pollution;
5. Healthful housing is free from unsafe physical arrangements due to construction or maintenance, and from toxic or harmful materials;
6. Healthful housing encourages personal and community development, promotes social relationships, reflects a regard for ecological principles, and by these means promotes mental health.

The Environmental Hygiene Committee (1949) in India defined "a house means a residential house, flat or tenement designed for family life" and recommended the following standards as the basis of a National Housing Code in India. These are: site, set back, floor, walls, rooms, roof, floor area, cubic space, windows, lighting, kitchen, privy, garbage and refuse, bathing and washing, water supply.

Environmental psychologists must emphasize the architectural designs of the house or housing complex that challenge an individual's adjustment in unfavourable physical setting, residential stressors, perceived psychological discomforts, and that makes vulnerable standards of living.

Overcrowding: Interpersonal conflict among the family members are observed due to overcrowding in the house. That is, number of persons living in a room are more than the accepted standards (1 room: 2 persons, 2 rooms: 3 persons, 3 rooms: 5 persons, 4 rooms: 7½ persons, 5 rooms: 10 or more). Overcrowding is consid-

ered to exist if 2 persons over 9 years of age, not husband and wife, of opposite sexes are obliged to sleep in the same room. Sometimes, anger is vented on the siblings through bullying.

Solid Wastes Disposal: Women may discard "solid wastes" from houses to protect the residential environment. Piles of refuse is a hazardous form of health and aesthetic point of view. The domestic refuse consists of ash, rubbish and garbage. These need quick removal and disposal because they ferment of storage, attract arthropods (*i.e.* house flies, mosquitoes, fleas and bugs), and are causes of water and air pollution. The inland surface waters have been badly polluted due to discharge of wastes. The ash also causes severe eye, nose and throat irritations.

Women should do proper storage of refuse in the house, while awaiting collection. Refuse may be stored either in galvanized steel dust bin with close fitting cover or in the "paper sack". Methods of public education *viz.*, pamphlets, newspapers, broadcasting films etc. are needed to solve refuse disposal.

Noise Pollution: Noise is produced by washing machine, vacuum cleaners, dishwashers, televisions, radios, stereo, air conditioners, loud/angry shoutings and much else in the house. Noise can be harmful even when it is not consciously heard. Studies have shown that people today suffer from greater hearing losses with increasing age than in the past, and that noise contributes significantly to the tension level of daily life, sometimes even precipitating stress-related illnesses like peptic ulcers, hypertension and psychogenic headache (Ehlich and Ehlich, 1972; Rienow and Rienow, 1967; Sahay, 1990). Noise also interferes with learning.

CONCLUSION

Our quality of life is placing enormous stress on the residential environment. If the degradation of the physical, psycho-social aspects of environmentally responsible behaviour is not managed it will have long term effects on human health, leading to rise in cases of respiratory diseases, bronchitis, asthma, eye problems, headaches, stomach aches, blood pressure, hearing loss, peptic ulcer, tension etc., and psycho-social behaviour such as family violence, changes in child rearing practices, and social support system.

National guidelines for solid and waste water management and strengthening of health support services should be evolved depending on statistically sound investigative studies. There is a need for public education, particularly for the women about the environment and further efforts to change their attitudes regarding the management of residential environment. However, one difficulty in managing residential environment is the multiplicity of social-psychological problems involved in the family and the way they are interrelated. Women should take the lead in efforts to reverse the negative effects of residential environment on human health and psychosocial behaviour. They should try to describe the society of the future and encourage personal and family development in response to their responsibilities. The psychosocial and physical aspects of environmentally responsible behaviour appear to have the unintended consequence of straining the women with heavier responsibility.

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