Ethnicity, Female Income, Drug Abuse, and Labour Force Participation in Urban Delhi

Santosh Nandal[1]

INTRODUCTION

There still tends to be an impression that the abuse of drugs by women is something of a marginal issue for women. But nothing could be further from the truth. This is because women themselves are using more legal drugs. The vast majority of women in India use some type of drugs on a regular basis. They use prescription and over-the-counter drugs to help them sleep, stay awake, alleviate pain, cope with depression, etc. They drink coffee and tea, eat chocolate, all of which contain caffeine. Yet when I think of "women and drugs" what comes to my mind are users of illegal drugs, although in reality less than 5 per cent of women use such substances on a regular basis.

However, the aim of this paper is not to explain and predict the outcome of women's behaviour but to explore and describe the impact of drug abuse on their lives and income . The paper focuses on low income urban Scheduled Caste women in Delhi, a city in the north part of India. Scheduled Caste households are non-pooling and the household responsibilities of scheduled caste women are defined to include providing, as well as preparing many of the consumption goods of a household. The aim is to document women's experiences in intra household relations in a particular socio – economic and ethnic context to contribute to the discussion on the impact of drug abuse on women's economic power and fallback position within the household. This paper will argue the facts based on empirical data from study carried out in Delhi, India, amongst urban scheduled caste low income women. The paper will

[1] Dr. Santosh Nandal, Department of Economics, M.D.University, Rohtak-124001

try to find out the answer that drug abuse may have positive or negative impact on their lives and income.

WOMEN AND DRUG ABUSE:

Any aspect of society in present development perspectives can best be analyzed and explained in the background of its casual framework in historical perspectives. The current development analysis in Indian economy inevitably needs the reference or image of women in the past. There was a clear division of labor based on the gender. The man of the family, as 'breadwinner', is primarily involved in productive work outside the home, while the woman as the housewife and involved in the organization of the house hold. The early feminist movement of the late 1960s and early 1970s called attention to and encouraged women's participation in many activities in which they had been absent or invisible. It also opened a range of occupations that had been the exclusive or nearly exclusive domain of men. Since time immemorial women have contributed and played a key role in basic life support system. Without their participation, it is not possible to achieve the goals of community uplift. In present world, women contribute both in home and outside economy. She takes care of members of the household and works out side the home. The scheduled caste women are culturally expected to engage in productive activities and earn an income to contribute to the upkeep of their household. But the increasing tendency to take drugs among these women seems a hindrance in social and economic progress. The issue of drug abuse that has been identified as weaknesses of the women that includes that it fails to deal with our cultural system and rich traditions like India. Despite the natural differences between men and women, the individual tastes and preferences of both, still the habit of drug is increasing among women. There is also the failure to recognize the systematic system in the country. Now the question arises, why these women are attracted to this drug abuse?

The scheduled castes are a collection of castes that suffered the socially oppressive practice of untouchability. In urban areas, a large proportion of workers in un- organized sector are from the scheduled castes. The scheduled caste women society is a patriarchal one but the general assumption about women staying at home to care for the home and children do not hold for the women. This is because, these women are customarily expected to earn an income of their own from which a substantial proportion of household expenses may be met. The household responsibilities of these women are defined to include providing, as well as preparing many of the important consumption goods of household.

FIELD STUDY

A combination of qualitative and quantitative methods of data gathering was used in investigating the livelihood strategies and household gender relations among low-income Scheduled Caste women in Delhi, a city and capital of India. As Laeir (1997) noted, a combining quantitative and qualitative method is useful way of both exploring issues in depth and obtaining a broader picture to generalize from. For example, a qualitative analysis will allow for the exploration of how norms and practices are shaped and continuously reshaped which is not possible with a quantitative method.

In 2003, data was collected from a micro level study which used a qualitative approach of the profiles of 191 low income Scheduled Caste women. The questionnaires were administered on these women to gather mostly descriptive data on their social and economic position while in depth interviews were conducted to explore issues arising from their responses to the questionnaire. The age of these women ranged from 25 to 59 and were all engaged in various income-generating activities in Delhi.

Table 1. Distribution of the women respondents according to age group

Age group	*Number*	**Percentage**
25-29	12	6.3
30-34	33	17.3
35-39	56	29.3
40-44	44	23.0
45-49	24	12.6
50-54	17	8.9
55-59	5	2.6
Total	191	100.0

Table 2. Age group and income generating activities of women respondents

	Occupation								
Age group	*Trading*	*Hair-dressing*	*Tailoring*	*Catering*	*House Maid*	*Admin work*	*Teaching*	*Nursing*	**Total**
25-29	7	1				2	1	1	12

30-34	13	2	2	2		4	8	2	33
35-39	11	7	3	2	11		15	7	56
40-44	14	2	8		8		10	2	44
45-49	8	1	4		6		4	1	24
50-54	7	1	1		1	2	4	1	17
55-59	1				1	1		2	5
Total	61	14	18	4	27	9	42	16	191
Per cent	31.94	7.34	9.42	2.09	14.14	4.71	21.99	8.37	100.0

The findings from the study are succinctly discussed below with tabled showing the characteristics of the women respondents. It was found that most women (91.1%) were in the 30-54 years of age group and (8.9%) were in the 25-29 years and 55-59 years of age group i.e. most of these women were in prime of their working life (Table1). Regarding the income generating activities, the majority of women were engaged in trading (31.94%), teaching (21.99%) and (14.14%) in housemaid and the remaining (31.93 %) were engaged in other categories which is shown in (Table 2). Regarding the educational status, 31.94 per cent had no education, 19.37 per cent got education up to primary level, 9.95 per cent up to middle level, 14.14 per cent were matriculate, 8.90 per cent got secondary education, 9.95 per cent did nursing, 3.66 per cent got training and 2.09 per cent got education up to college level (Table3).

Table 3 Age group and level of education of women respondents

	Level of Education								
Age group	*None*	*Primary*	*Middle*	*Matric*	*Secondary*	*Nursing*	*Training*	*College*	**Total**
25-29			1	6	2	1	1	1	12
30-34	15	4	4	2	3	3		2	33
35-39	8	22	8	5	3	5	4	1	56
40-44	19	3	1	7	7	7			44

45-49	11	5	2	2	2	1	1		24
50-54	6	2	2	5		1	1		17
55-59	2	1	1			1			5
Total	61	37	19	27	17	19	7	4	191
Percent	31.94	19.37	9.95	14.14	8.90	9.95	3.66	2.09	100

Table 4 Age group and wake up time of women respondents

	Wake up time				
Age group	*Very early*	*Early*	*Late*	*Very late*	**Total**
25-29		6	4	2	12
30-34	1	22	9	1	33
35-39		38	16	2	56
40-44	2	32	10		44
45-49		17	7		24
50-54		9	8		17
55-59		3	2		5
Total	3	127	56	5	191
Percent	1.57	66.49	29.32	2.62	100.00

*Key: Very early – 8 – 8.30 p.m., Early – 9 – 9.30 p.m., Late – 10 – 10.30 p.m., Very late – 11.00 p.m. and later.

Table 5. Age group and bed time of women respondents

	Bed time				
Age group	*Very early*	*Early*	*Late*	*Very late*	**Total**
25-29		2	5	5	12
30-34	3	4	19	7	33

35-39	2	12	32	10	56
40-44	1	6	28	9	44
45-49		2	18	4	24
50-54		4	10	3	17
55-59		3	2		5
Total	6	30	117	39	191
Percent	3.14	15.72	61.12	20.42	100.00

*Key: Very early – 8 – 8.30 P.M., Early – 9 – 9.30 p.m., Late – 10 – 10.30 p.m., Very late – 11.00 p.m. and later.

The practice among the scheduled caste women is that women's ability to travel outside the cities is restricted on the reason that their domestic responsibilities will suffer. Much will depend on the willingness of the husbands to give what is generally regarded as a rare "privilege" to their wives to travel out of their homes if the need arises. Also, the belief among women that domestic activities are women's responsibilities is resilient and does not change with women's involvement in full time income generation. This has resulted in the women sleeping late in the night and waking up very early in the morning to ensure that they do the household chores. The wake up time for women in the morning and sleep time in evening is summarized in (Tables 4 and 5) above. Majority of the women respondents (66.49 %) wake up early in the morning and (61.12 %) go to bed late at night. According to the women, their children and female relatives e.g. mothers, mothers-in-law and sisters often assist them in carrying out domestic activities. Some of the women explained that they struggle to employ domestic labour to carry out these activities, but this brings increased financial and social responsibilities. Among these women, domestic activities are believed to be the sole responsibilities of women and snide remarks are made about men who perform what are believed to be women's duties.

Table 6. Age group and drug abuse (smoke, sleeping pills) among women respondents

Drugs (Smoke, Sleeping pills)

Age group	*Smoke*	*Sleeping pillls*	**Total**
25-29	8	4	12
30-34	30	3	33
35-39	48	8	56
40-44	40	4	44
45-49	22	2	24
50-54	17		17
55-59	5		5
Total	170	22	191
Percentage	89.01	10.99	

Table 7 Women respondents and cause of drug abuse

Age group	Frustration	Anxieties	Stress	Total
25-29	5	3	4	12
30-34	21	2	10	33
35-39	49		7	56
40-44	33		11	44
45-49	13	1	10	24
50-54	11		6	17
55-59	4		1	5
Total	136	6	49	191
Percentage	71.20	3.14	25.66	100.00

Regarding the drug abuse and cause of drug abuse, the data is given in Table 6&7. 89.01 per cent of women respondents are habitual of smoke (bidi) and 10.99 per cent take sleeping pills to release tensions. It was found that majority of women respondents (71.20) per cent were suffering from frustrations, 3.14 per cent with stress and 25.66 per cent were the victims of anxieties. These women are now facing many of the same frustration, anxieties and stress-inducing factors which have long pushed men to turn to drugs as means of seeking escape or comfort, or merely of coping with reality. More women are working on such places where the stressful and tiring environments tend to lead to occasional use and subsequent abuse. The social bonhomie with drug after a hard day's work has extended to women as part of a climate of equality – for example, in Norway it has been found that working women drink twice as much alcohol as non-working women.

Table 8. Effects of drug abuse on women respondents

Effects of drug abuse	Number of respondents	Percentage
Broken homes	10	5.29
Lost jobs	25	13.09
Economic slack	19	10.00
Shame and stigma	137	71.62
Total	191	100.00

Regarding the effects of drug abuse on women, it seems that there is much effect on their economic earnings. Out of these 5.29 per cent of the respondents complained for broken homes, 13.09 per cent lost their jobs, 10 per cent were victims of economic slack but majority of respondents i.e. 71.62 per cent said that taking drugs (bidi) is a stigma on them and they feel ashamed of taking these drugs. But it was found that they had started smoking and sleeping peals to cope with home and outside working activities, but now they have become habitual of these drugs.

A woman, Sunita (Aged 45) has moved out of the husband's home because he was not supporting her and her children and she had to not only feed him and the other

women he brought into the house. She believes she is better off alone with her children. But to cope up with stress, she has become habitual of smoking (bidi) and sleeping pills. Sunita explained that she prefered to be alone with her children to being with her husband as she had less problems and responsibilities to face. According to her: "Scheduled Caste women say that the husband is a "crown" for the wife but when he is not playing that role and at times even brings in another woman to add to your burden, I believe the best thing is to move out, stay alone with the children and face them squarely. This way, everybody will know that you do not have a husband and that you are struggling alone to meet their needs and yours. This is what I have done and I am happy with that decision and my situation". Sunita is one of the 10 (5.29%) respondents who are either separated or divorced from their husbands.

It was also observed that all the women resent the notion of man the "breadwinner" that is prevalent within the society, as they are recognized as making meaningful contribution to the upkeep of the household: the man is assumed to be responsible for everything. For example, one of the respondents, Rajo complained that, "everything a women has within our society is attributed to the husband even when jointly owned by the couple". The assumption that everything in a household solely belong to the husband is deeply rooted in the man the "breadwinner" syndrome, which is presented by the women as earlier discussed. This presents a contradiction between men's and women's traditional roles within the household. When scheduled caste women are customarily expected to earn an income of their own from which a substantial proportion of house hold expenses may be met, the husbands are still believed and in fact seen to be the sole "breadwinner".

DISCUSSION AND CONCLUSION

The issue of drug abuse and female income has been identified as an important factor to determine the stress, anxieties and frustration among women. An important additional stress factor for many women is the delicate juggling act that they have to perform between work and other responsibilities. Despite some of the strides that have been made, women remain the primary caretakers and nurturers in society. The "superwoman syndrome" has led many women to over-extend themselves in trying to do it all - a successful career, marital harmony, well-adjusted children, caring for elderly parents, an active social life and participation in community service. Women's increasing participation in income generating activities and wage employment does not exempt them from household work (Khan, 1999). The women workers woke up earlier and slept later than the male members of the household. Many women have burned out in the process, with some turning to drugs.

Women are high consumers of legal drugs and have a high rate of addiction to drugs such as sleeping pills and smoking (bidi). Naturally, the cascading negative effects of substance abuse on all the various roles that women undertake only serve to make their problems worse.

The effects of drugs on women is also colossal. Women bear the brunt of "managing" substance abusers in the family. Violent and abusive behaviour are no strangers to women involved in a relationship with an active abuser. Broken homes, lost jobs and picking up the economic slack of an abusing breadwinner squandering precious earnings are all classical scenarios that women have had to cope with throughout the ages. Although saddled with more and more responsibilities, women who try to rationalize the behaviour of a substance abuser often end up psychologically depleted and physically exhausted, thereby increasing the "dysfunctional" family atmosphere which is so detrimental to its members. And yet, traditionally, women have suffered their lot silently and accepted the shame and stigma associated with having an abusing and abusive family member. Despite their participation in income generating activities and control of the income by the women, the cultural norms and gender ideology, which is prevalent in the society, were still at work to influence and shape the behaviour of the women. These disconcerting realities, combined with the fact that 30 per cent of the world's households are headed by women, underline the urgency of focusing on the effects of drug abuse on women.

Moreover, very few research has been done on women and drug abuse. Instead, most conventional research focuses on a relatively small group of women whose drug use becomes visible, therefore problematic. They use illegal means to earn enough money to buy (expensive) drugs. As a result of their illegal activities they come into contact with the criminal justice system. They are often poor, under skilled, under educated, and supported by public assistance. They have difficulty taking care of their children and as part of the welfare system, come to the attention of social service agencies designed to protect children. Some have no real home and as a result much of their existence takes place "on the street." Most important, they incite fear because they deviate from sexual norms and in general violate traditional gender role expectations with regard to pregnancy and parenting.

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