

GENDER AND MENTAL HEALTH IN KERALA

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1. INTRODUCTION

The just released 2001 Census report of India ranks Kerala as the most literate among all states and union territories. According to the Census, the literacy rates for females and males in Kerala are 88 and 94 per cent respectively and thus the gender gap in literacy is just 6 percent as against 22 percent for the country. (Banthia, 2001). The same census also reveals that Kerala is the only state in India where the sex ratio favours females. The sex ratio (females per 1000 males) in Kerala was 1058 as against 933 for India. In terms of reproductive behaviour, according to the Second National Family Health Survey, 1998-99, Keralite woman on an average end with 1.5 deliveries. (International Institute for Population Sciences and ORC Macro, 2001). Indirect estimates based on the 2001 census show that Kerala as the leading state with below replacement level of fertility (Guilmoto and Irudaya Rajan, 2002). The Human Development Index (HDI) prepared by the Indian Planning Commission ranks Kerala as first throughout the last 20 years, 1981-2001. Kerala's HDI for 2001 was 0.638 as against the all-India index of 0.472. (Planning Commission, 2002). Evidently, all the conventional indicators rank Kerala as the top most. Even the Gender Empowerment Measure (GEM) developed by the United Nations Development Program and the alternative measures developed by Hirway and Mahadevia recently also accord Kerala the leading position (UNDP, 1995; Hirway and Mahadevia, 1996).

However, it seems that the status of Kerala women in respect of non-conventional indicators presents a dismal picture. In an earlier study, Eapen and Kodath (2002) concluded that Kerala women did not fare well in terms of non-conventional indicators (see Sonpar and Kapur, 2001) such as gender-based violence, mental ill- health, incidence of suicide and growth and spread of dowry and related crimes (for more details, see Eapen and Kodath, 2002; Eapen, 2002).

What are the ills of Kerala society? They consist of high incidence of suicides and accidents, cancer, widespread alcoholism, mental disorders, high rates of divorce and separation, HIV and AIDS, growing individualism and decline of family support networks partly due to internal as well as international migration. Let us assess the status of Kerala women in terms of some non-conventional indicators in detail.

The major source of contraception in India is the high acceptance of female sterilisation. Direct involvement of men in the family planning program is dismally low. Kerala is not an exception in this respect. Almost half of the women in Kerala are currently protected against pregnancy by female sterilisation whereas the percentage for India is only 34. (International Institute for Population Sciences and ORC Macro, 2001). Though the Sample Registration System (SRS) of India puts the infant mortality rate in Kerala as 14, other indirect estimates put Kerala's infant mortality rate at almost 37 (Irudaya Rajan and Mohanachandran, 1999a; 1999b). Surprisingly, the same SRS places Kerala as having the highest still birth rate (around 10 per thousand live births). In Kerala, the number of infant deaths before birth is almost equal to the number of deaths during the first week of their life (Irudaya Rajan and Mohanachandran, 1999b).

Though excess females are reported at all ages in Kerala (partly due to international migration), the sex ratio among children indicates some sex selective abortions of female babies in Kerala. In other words, the birth of some female children is aborted in Kerala partly due to the prevalence of dowry (Irudaya Rajan, Sudha and Mohanachandran, 2000). Dowry is often cited as one of the major uses to which remittances from abroad are put, apart from the construction of houses, repayment of debts, education of children and consumption expenditure (Zachariah, Mathew and Irudaya Rajan, 2001a; 2001b; 2003).

Though Kerala death rate is the lowest, it has the highest suicide rate in India – three times more than the national average – and 50 percent more than Karnataka, the state with the second highest rate (Halliburton, 1998); According to data released from the crime branch of the police department of Kerala, there were 9304 suicides in Kerala in 2000 as against 8389 in 1995. Family problems (22 percent) are cited as the most important reason for suicide, followed by bankruptcy (14 percent), prolonged illness (14 percent) and mental illness (9 percent). The other major causes reported include unemployment, professional problem, love affairs, fall in social esteem and the incidence of cancer. Dowry disputes and the resulting divorces are also reported as reasons for suicide (only in 34 instances in 2000). According to official sources, the dowry system results in the suicide or killing of 16 women everyday in India while the unofficial estimates put the figure at 68. According to the National Bureau of Investigation, 2000 women commit suicide as a direct consequence of dowry (National

Bureau of Investigation, 2000). The proportion of suicides in Kerala among people in the range of '30-50 years' (39.2 percent) and '50 years and above' (24.4 percent) are greater than the national average of 32.3 percent and 12.8 percent respectively (Irudaya Rajan, 2003; Halliburton, 1998). Suicide thus ranks as the second major cause of death in Kerala. It is estimated that while the annual suicide rate in Kerala was 31 per lakh population in 2000 (15 in 1970s), the national average was just eight per lakh population. Another disturbing dimension of suicides in Kerala is the suicide of whole families. Still worse, it is on the increase. For instance, out of a total of 154 family suicides reported for India in 1999, Kerala accounted for 59 followed by Andhra Pradesh (42) and Tamil Nadu (34).

According to Government of Kerala's Mental Health Policy document around 3-5 lakh citizens of Kerala have serious mental disorders. The same report also points out that there exist 238 psychiatry units in the state (both in private and public sectors). The perceived high rate of psychopathology may relate to the fact that Kerala has the highest number of mental hospitals in India. While Kerala has around 4 percent of India's population, about one-third of institutions dealing with mental illness and related disorders in public and private sectors are located in Kerala (Franke and Chasin, 1994

According to unpublished information collected by the authors from five family courts of Kerala, while the number of cases registered in 1997 came to 2364, it increased to 4628 in 2001 – a 50 percent increase in 5 years. Incidentally, among the cases filed in the family courts for divorce, 60% of cases were filed by women – among them 70% of them stated cruelty by husbands (domestic violence) as the main reason.

Violence against women is a reflection of unequal gender relations in the society which perpetuate exploitation, discrimination, marginalisation and exclusion of women. According to the data provided by the crime branch of Police Department of Kerala crimes against women increased from 1967 in 1990 to 7568 in 2001 - four fold increase in a decade. Over 25% of these crimes consisted of either molestation or rape. According to the Planning Commission, while crime against women numbered 135 per million population in India, the rate for Kerala was as high as 151 per million population. According to 'Sakhi', the State Women's Commission received about 15,000 complaints within its two years of inception and 80% of them related to sexual and domestic violence (Sakhi, 2002). In respect of

domestic violence, Kerala is well ahead of other states. Thiruvananthapuram, the capital city of Kerala is ranked first among five cities in India in the prevalence of domestic violence, both physical and psychological (INCLIN/ICRW, 2000). However, there has been no systematic study in Kerala to assess the well being, mental health and gender ideology in Kerala. The present research addresses this issue.

2. OBJECTIVES

1. To study the subjective well being, mental health and various areas of stress and their sources experienced by men and women of Kerala population.
2. To evaluate the gender ideology held by the Kerala population.
3. To highlight specific problems faced by women with the help of a few case studies.
4. To assess the determinants of mental health, well being and gender ideology through suitable statistical techniques.

3. REVIEW OF LITERATURE

“No other dichotomy in human experience appears to have as many entities linked to it as does the distinction between male and female”. (Bem 1987). Gender stereotypes are “structured sets of beliefs about the personal attributes of men and women including traits, role behaviour, physical appearance and occupations” (Deaux & Lewis 1989:992).

Lueptow et al (2001) reviewing a large body of research points towards stability or even increase in sex stereo-typing over the past several decades in personality and stereotypes. In line with these findings the authors have drawn their own conclusions regarding sex typing over a period of 23 years characterised by pronounced female femininity. Both male and female respondents of their sample, especially the female respondents, perceived the typical female as becoming more feminine. Similar results were obtained for androgyny. The differences between masculinity and femininity within each sex was found to be unchanged over the 23 years. The authors have tried to explain this in terms of an Evolutionary Model of sex differentiation characteristics against a Socio-cultural Model.

Lundgren and Rudawsky (2000) in a study examining whether people in anger express or withhold feedback in transactions with male and female peers' found that both men and women expressed negative feedback more to the opposite than to same sex peers. However, they did so for different reasons. Women reported negative feedback only with more closeness and intimacy in relationship where men did not. The interpretation is that a status hypothesis is applicable in men's case (individuals in higher positions would be more likely to express negative feedback). For women an intimacy hypothesis fits in their reactions to men.

Myers and Booth (2002) drawing on Mennheim's theory of social change have examined the ideological shift in gender attitude in American Society. They have found that the successive generations are becoming increasingly less traditional in their gender attitudes. Both men and women of the present generation are more likely to agree that the employment of wives is appropriate and not detrimental to being a good mother, that husbands should be more involved in child care and domestic labour and that wives can play an equal role in family decision making. The authors highlight the role of forerunners, a small number of individuals from the preceding generation who foreshadowed the trend in cultural change. They examined exposure to parental forerunners' gender attitudes and behaviour in the family of origin as well as adult off-springs' experiences that influence daughters and sons to become gender attitude forerunners. One important finding was that men reported more traditional gender attitude than women.

In a longitudinal study conducted by Saker and Wiggins (2002) it was found that, in London both gender and social inequalities have come down in the last 2 decades of the 20th century. Though they found higher rates of psychological distress in women compared to men there was reduction in the magnitude of this difference. They also quote a Finnish study covering the period 1969–1987 where women's level of psychiatric disorder declined but men's did not (Lehtinen, et al 1991)

The theory of personal control predicts that women have a lower sense of control than men. But this has not been always true. Rose and Mirowsky (2002) hypothesizes an age factor accounting for these inconsistencies in research findings. In their survey, they tested 3

hypotheses. (i) Men have a higher sense of personal control than women. (ii) The gap between men and women is larger in older than in younger age groups and (iii) Education, work, economic conditions and health status account for the age-based effect of gender in perceived control. A representative sample of respondents from United States were interviewed in 1995 and re-interviewed again in 1998. They found support for the hypotheses that the gender gap in personal control is greater among older persons than younger and that over time women's sense of control declines more than men's. Education, employment background, household income and physical functioning account for some of the age-based effect of gender on perceived control. However, work fulfilment, domestic labour, economic hardship and self-reported health do not account for the age based effect.

Conflicting demands of work and family create stress for working mothers (Booth et al 1984). This in turn affects the quality of marital relations. For a working mother the time available for being together with her husband decreases and thereby undermines marital relationship. Increasing feelings of role overload and role conflict and growing awareness of inequity in the division of labour also contributes to the dissatisfaction.

With regard to actual household work, research in United States (Hochschild et al 1989; Roginson and Godbey 1997; Thomson and Walkes 1989) suggests convergence as men's time spent in attending to domestic chores has increased and that of women has decreased regardless of employment status. Among adults aged 18-64, approximately 40 hours per week were spent by women in household work and childcare in 1965 compared to 11 hours spent by men. By 1985, these figures had shifted to 30 hours for women and 15 hours for men. Nevertheless, research findings reveal a consistent tendency for husbands to perform less housework and childcare than wives even when wives are employed full time.

Oppenheimer (1997) has proposed a 'sharing model' in marital bond. According to this model, the marriage in which each of the couple competently perform both household and non-household work is more flexible, and therefore better equipped to respond to loss or incapacitation of a partner, than a marriage based on strict gender specialization.

In a recent study Rogers and Amato (2000) compared two samples representing different marriage cohorts to examine long-term changes in gender relations and quality of marriage.

The first cohort consisted of couples who were married between 1965 and 1980 and the second cohort of couples married between 1981 and 1997. The authors found that in 'recent marriage cohorts' wives contributed a greater proportion of family income and faced greater work-family demands. They also found that husbands contributed a greater proportion of housework. It was also observed that in the case of the recently married cohorts husbands' influence was less and the wives' influence more compared to the earlier married cohorts. The two groups were also matched for age and duration of marriage at the time of data collection. In spite of this convergence, members of the more recently married cohorts reported higher levels of marital discord; this increase was apparent for husbands as well as wives. Interestingly, however, the two groups did not report any significant differences in marital happiness. This suggests that in spite of an increase in marital discord, people's subjective evaluation of their marriages did not change. Only increases in work-family demands based on wives' level of employment and the number of pre school age children in the household explained some of the gap in marital discord between the early and recently married cohorts.

According to the results of the Psychiatric Morbidity Surveys conducted in United Kingdom, while the prevalence of Psychiatric disorders remained the same for women between 1993 and 2000, it increased for men. (Office for National statistics 2001 Quoted by Sakar et al 2002)

In contrast, it has been observed that in India, women have more psychiatric morbidity compared to their male counterparts. This higher rate is consistent for both urban and rural areas as well as across regions, religions and socio-economic classes. Depression is the most prevalent mental health problem among women in India as it is elsewhere. (Carstairs and Kapur, 1976; Kapur and Singh 1983; Kapur and Shah 1991; Daver 1999). In an earlier study Carstairs and Kapur (1976) also reported an increase in psychological distress as a result of changes in the family organization.

Chakraborty (2001), on the basis of a field study conducted in Calcutta, reported some important correlates of common mental disorders in women. Age, marital status, economic status, occupation, education and family roles comprise these correlates. Neuroses increase with age for both genders but women have a much higher rate. Single women were found to

have less illness compared to single men. The ratio was equal for married couples but widowed females had higher rates of illness. The influence of economic status was not very clear cut.

Rodes et al (2001) in a study analysed gender differences in the use of out patient mental health services and made an attempt to identify potential determinants of the use of this service. They found that gender differences in the overall use of out-patient mental health services persist despite control for type of mental disorder and social and economic factors. They could not find gender differences in the overall prevalence of mental disorder within a reference period of one year. But women had more mood/anxiety disorders than men and men were characterised by more substance abuse and antisocial behaviour. Men were also more likely to have a combination of both types of disorder.

Weich et al (2001) made an attempt to find out reasons why the most common mental disorders (CMD) are more prevalent among women. In their study they failed to explain gender differences in CMD in terms of difference in the number or types of social role occupied by men and women, or by reverse causality. Although associations between individual social roles and rates of the most common mental disorders are more complex for women than men, there is evidence that both men and women with the most and fewest social roles experience these disorders (Thoite 1986; Rosenfield 1989)

Boundaries drawn between oneself and others constitute a basic assumption made by individuals about relationships, which predisposes them to certain types of mental health problems. (Rosenfield et al 2000). Boundary assumption of extreme differentiation and separateness involves the ability to detach from other's pain, which increases the likelihood of antisocial behaviour. Assumptions of extreme connectedness involve the compromises in agency that increase the likelihood of depressive symptoms. Insofar as gender stratification continue to push males and females towards the opposite extremes of differentiation between self and others, they remain prone, respectively to antisocial acts and depressive symptoms. Corresponding to the split between the social roles of care taking and production, these relational assumptions operate as internal correlates of the gendered division of spheres which help to link external social practices to psychological problems.

Data on adolescents suggest that the degree of empathy as an indicator of boundary assumptions contribute to gender difference in internalizing and externalizing psychological problems. Individuals who identify strongly with the feelings of others are at greater risk of becoming depressed while those who identify little with others' feelings are more likely to be aggressive and antisocial. Girls are more often extremely high in empathy and boys are more often extremely low. This differences accounts in part for gender differences in both types of problems.

Important gender differences have emerged in instances of psychosocial impairments seen in chronic depression. In a study of patients with chronic or double depression (Dysthymic disorder with major depressive episodes) (Kornstein, et al 2000) women were less likely to be married and had a younger age at onset and a greater family history of affective disorder compared with men. In addition, women reported greater severity of illness, poorer social adjustment and poorer quality of life. Differences in types of impairment were also found, with women reporting more difficulties in the areas of marital adjustment and men reporting greater work impairment.

An important consequence of depression in women that deserves special mention is potential trans-generational impact with regard to the most fundamental social role of women i.e. mothering. The effects of depression on mothering and on the development of psychopathology in off-springs have been conclusively demonstrated. Since depression prototypically begins in the teenage years and may persist for decades, these disorders may virtually present during woman's entire reproductive life, with serious consequences for the mental health of future generations. (Field, et al 2000)

Fanous et al (2002) in an attempt to establish a significant sex difference in the genetic correlation between neuroticism and major depression failed to do so in their study. They could not find evidence of a greater genetic relationship between these domains in women than in men. Researchers show that self perception of low mastery, low self esteem and high interpersonal dependence are associated with increase in depressive symptoms in both adolescents and adults. The gender differences in these self perception account in part for females' higher rates of depressive symptoms (Rosenfield 1992; Turner and Turner 1999). In contrast, the willingness to take risks is associated with delinquency in acts against person

and property. Males' higher rates of antisocial behaviour are explained in part by the gender differences in risk taking and risk aversion. (Hagan, et. al 1985; 1987; 1988).

4. DATA SOURCES

The Kerala Migration Survey (KMS) conducted at the Centre for Development Studies (CDS), Thiruvananthapuram, attempted to portray the migrant profile of Kerala and also to critically examine the trends, differentials and determinant of migration from Kerala (for more details, see Zachariah, Mathew and Irudaya Rajan, 2001a; 2001b) The study covered all the 14 districts of the state. Within a district, the locality (panchayat or municipal ward) was used as the first stage of sampling unit. The list of sample localities was selected at random with probability proportional to the number of households in the locality. From each selected locality, one ward was chosen at random and from each selected ward, 50 households were chosen to form the sample of households. On the basis of the expected variation in the proportion of migrants in a household, the total sample size for the state as a whole was fixed at 10,000 households (Table 1 for details). Household was the ultimate sampling unit for all the questionnaires.

From each district, the number of households in the sample was determined in proportion to the number of households in that district according to the 1991 census. This number was distributed between rural and urban areas according to their respective size in the census. The number of households in the sample was divided by 50 to get the number of localities (panchayat wards in the case of rural areas and municipal wards in the case of towns) to be included in the sample (See Table 1). For instance, from Thiruvananthapuram district, the sample size was 753 households from the rural areas (selected from 15 panchayats) and 371 households from the urban areas (selected from 7 municipalities). These localities were selected from among all the localities in the district with probability proportional to their size reckoned in terms of the number of households. If the panchayat or the urban locality is very large, as is the case with Thiruvananthapuram City, several wards were selected from it (eg. four wards were selected from the Thiruvananthapuram city.)

The sample for the study 'Gender and Mental Health, Kerala' (GMHK) was taken from the sub-sample of households from the KMS. In KMS, 200 localities were surveyed with 50

households each based on random sampling. The first step for GMHK was to select 100 localities from 200 localities of KMS. The following sampling method has been used for selecting the sample of 1000 households from 14 districts of Kerala

- (i) 100 panchayat/municipal wards were selected by systematic random sampling method. The localities with numbers 1, 3, 5, 7, ... 199 were selected as the first stage sampling units.
- (ii) In each of the 100 selected localities, 10 households were selected systematically with random start to get 10 from each of the localities which finally added up to 1000 households (see Table 1 for details).

Table 1 Sample Size by District: KMS and GMHK

District	No of Households	KMS (1998)	GMHK (2002)
Kasaragod	181,667	330	30
Kannur	371,221	673	72
Wayanad	134,654	244	30
Kozhikode	456,673	828	79
Malappuram	477,292	866	90
Palakkad	444,998	897	80
Thrissur	522,159	947	99
Ernakulam	555,657	1,008	96
Idukki	232,995	423	40
Kottayam	361,813	656	64
Alappuzha	405,210	735	70
Pathanamthitta	259,629	471	50
Kollam	489,774	888	90
Thriuvananthapuram	619,558	1,124	110
KERALA	5,513,300	10,000	1000

Source: Zachariah, Mathew and Irudaya Rajan. 2003.

5. MEASURES

The Subjective Well being Inventory (SUBI)

SUBI was developed by Sell and Nagpal (1992). The original version consists of a 40- item questionnaire. For each item there are three response options. It yields a total score as well as subscores for the positive (wellbeing) and negative aspects (illbeing). This is validated

through factor analysis. Eleven Factors are identified from which a short version consisting of three very sensitive factors are taken for the purpose of the study. This short version is a nine item questionnaire and the factors are general well being – positive effect, expectation achievement congruence and confidence in coping.

General Health Questionnaire (GHQ)

Developed by Goldberg (1972) GHQ has found application in a variety of psychiatric and non-psychiatric contexts and has been translated, revalidated and used in many countries including India. It has been used in many studies related to the economic situation, occupation and unemployment (Strandh, 2000; Warr et al, 1988; Banks et al, 1980). The GHQ is available in several versions of varying length. The 12 item GHQ has the advantage of brevity and hence convenience of administration and scoring. It is also as sensitive and valid as are the longer versions. It consists of the 12 “best items” of the original 60-item questionnaire, that is, those items that were most discriminating in determining clinical status and were not endorsed by a physically ill control group. In India, the 12 item GHQ has been validated against the Indian Psychiatric Survey Schedule and has been found to demonstrate excellent sensitivity and specificity, that is, it is able to accurately identify the presence of psychological disturbance with few false negatives and false positives (Shamsunder et al, 1986). Each of the 12 items of the questionnaire has four possible response choices. The scoring is simple, the total score being a summation of the score on each item. In surveys the GHQ can be used as a dimensional measure of psychological disturbance and can also be used to identify a “case”. In the former situation, the total score is used to indicate the degree of psychological distress. In the latter situation, a threshold score is used so that persons scoring above the threshold are identified as potential psychiatric cases. Thus, for the 12-item GHQ, the recommended threshold score is 2 and above.

Gender Ideology and Stress

A questionnaire with two parts was prepared by the research team for eliciting specific stress factors experienced by both men and women and to assess the gender ideology held by Kerala population. Part A consists ten sub sections with separate questions to elicit information on stress in the areas of finance, health, workload, occupation, future, addictions,

relationships, violence, decision making and migration respectively. Part B consists of 14 questions intended to elicit opinions peoples hold about the respective gender roles and statuses of men and women in the context of societal norms. Also 21 statements intended to elicit the nature of gender bias were formulated. The respondents were to opine their agreement or disagreement to each statement.

Both parts A and B are scored counting the total number of positive answers as individual scores. However, the 21 statements are not intended to be scored. They are presented along with percentage of people agreeing or disagreeing with them.

6. RESULTS AND DISCUSSION:

SUBJECTIVE WELLBEING

As stated earlier, the household survey was conducted among males and females of age group between 15-59 and responsive ones between 60-69 years in the selected 1000 households from Kerala. In total, we have responses from 1308 males and 1477 females. Human well being is measured on the basis of 9 questions with 3 multiple choices and the scores are based on the chosen answer. The lower the score the better is the well being of individuals and vice versa. Keralite men report comparatively higher levels of well being than women. The mean score for men (17.35) is significantly lower than that for women (17.9). The difference is statistically significant. (Table 2).

Table 2: Index of Subjective Well-being by Sex in Kerala, 2002

Gender	Total numbers	Score Mean	t value	Significance
Male	1308	17.35	-3.509*	.006
Female	1477	17.90		

Source: Field Survey, 2002.

* Significant at 1% level.

It was also found that male members of female-headed households have significantly higher well being than female members of female-headed households. No significant gender difference exists between members of male-headed families in this respect. Men of the female-headed households reported higher well being than men of male-headed households.

On the other hand, women of female-headed families are worse than the females of male-headed households (Table 3).

Table 3: Index of Subjective Well-being by Head of the Household, 2002

House hold Head	Total families	Total members	Mean of the Scores		t value	Significance
			Male	Female		
Male	757	2174	17.75	17.63	0.384	.701
Female	243	611	17.57	18.92	-3.333*	.001

Source: Field Survey, 2002.

* Significant at 1% level.

Well being diminishes as age advances in both men and women. However, among women a sudden decline is observed in well being between the ages of 25 and 34 (when the student status of the women ends and they get married or enter into work force); of course, well being improves later and then to decline again beyond the age of 55. This pattern is not true for men whose well being improves marginally after 55. Though the difference between men and women is important in all age groups, the difference gains statistical significance only among those who are above the age of 55 (Table 4). Gender disparity is more marked in older persons and this could be an indication that there is a positive impact of social change in the direction of gender equality in the younger cohorts. Well being of the elderly females is also affected by their widowhood status in old age.

Table 4: Index of Subjective Well-being by Age and Sex in Kerala, 2002

Age	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
15-24	344	343	16.41	16.88	-1.639	.102
25-34	269	313	17.21	19.75	-1.507	.133
35-44	237	313	17.63	18.13	-2.285	.200
45-54	233	277	18.19	18.54	-.885	.377
55+	225	231	17.80	19.64	-4.955*	.000

Source: Field Survey, 2002.

* Highly Significant.

Men reported higher levels of well being irrespective of whether they were single, married or widowed. Though not statistically significant, a reverse trend was noticed among divorced men and women where women reported relatively higher well being. Marriage seems to

cause a negative impact on the well being of both men and women of Kerala. Again, the condition gets much worse, if they become widowed or divorced.

Table 5: Index of Subjective Well-being by Sex and Marital Status in Kerala, 2002

Marital Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Unmarried	99	79	15.52	16.82	-2.272**	.026
Married	1086	1117	17.33	17.89	-3.286*	.001
Widowed	98	220	18.75	19.81	-1.715***	.090
Divorced	10	24	19.40	17.90	1.123	.290

Source: Field Survey, 2002.

* Significant at 1% level; ** Significant at 5 % level; *** Significant at 10% level

As one would expect, education has a positive influence on the well being of both men and women. Our data support this; the higher the level of educational attainment, the higher is the sense of well being. However, gender difference is found to be significant only among literates and those with primary and secondary levels of education. Interestingly, illiterates and degree holders have shown no significant gender differences. Does it confirm the old saying, “a little knowledge is dangerous?” Though the total number of men and women of the sample were comparable, illiterate women were three times more than illiterate men and the sample size is also low for both sexes among the literates (Table 6). It also indicates that there was a gender difference in the schooling of the older generation although currently enrolment among boys and girls are around 100 percent.

Table 6: Index of Subjective Well-being by Educational Attainment and Sex, 2002

Educational attainment	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Illiterate	42	123	19.57	20.07	-.523	.604
Literate	34	33	19.12	20.91	-1.717***	.096
Primary	188	246	17.74	19.55	-1.935***	.054
Middle	598	658	17.70	17.86	-.714	.476
Secondary	330	321	16.21	16.79	-2.007**	.046
Degree	116	94	15.35	15.77	-.825	.411

Source: Field Survey, 2002.

** Significant at 5 % level; *** Significant at 10% level

Labourers showed the highest gender disparity in well being followed by government employees, farmers, and self-employed persons. Though the number of men and women with secondary and college education were equal in our sample, women's representation in employment – government, private or self-employment – was found to be much lower (one-fourths of men). In other words, three-fourths of the women who were eligible to seek employment were not actually employed unlike their male counterparts. Though gender disparity is high among women working in government sector, their well being is higher compared to women who work as farmers, labourers or household workers. Among men, farmers have the lowest level of well being (Table 7).

Syrian Christians and Nair men report the highest well being whereas the same communities also score high on gender differences. It seems that men's well-being is maintained at the cost of women. Surprisingly, we did not find gender disparity among Muslims, Ezhavas and Scheduled Castes and Tribes of Kerala, though they are far behind in their well being compared to the more advanced communities consisting of Syrian Christians and Nairs (Table 8)

Table 7: Index of Subjective Well-being by Work status and Sex in Kerala, 2002

Work status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Government	80	30	14.57	16.80	-2.082***	.046
Private	86	32	16.59	17.84	-1.323	.196
Self-employed	261	42	17.67	19.40	-2.289***	.027
Farmers	121	53	18.51	20.51	-2.792**	.007
Labourers	374	77	17.10	20.55	-5.324*	.000
Unemployed	186	81	17.80	17.84	-.220	.826
Student	171	146	15.61	16.16	-1.494	.137
House work	18	1012	17.83	18.17	-.198	.845

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1 % level; *** Significant at 5% level

Table 8: Index of Subjective Well-being by Religion and Caste in Kerala, 2002

Religion/ Caste	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
SC/ST	94	109	18.27	18.76	-.931	.354
Nair	133	143	16.68	17.86	-2.43**	.016
Ezhava	292	322	17.95	18.07	-.354	.723
Syrian X'ans	138	135	16.57	17.71	-2.531**	.013
Other X'ans	151	180	17.20	18.48	-2.835*	.005
Muslims	258	335	17.35	17.62	-.720	.472
Others	173	173	17.35	17.84	-1.200	.232

Source: Field Survey, 2002.

* Significant at 1% level; ** Significant at 5 % level

Gender difference in well being is very high in southern Kerala and the difference narrows down as we move to Central Kerala. In North Kerala, women are slightly better in terms of well being compared to men though this difference is not statistically significant. Among men, well being declines as we move from south to north whereas the reverse is experienced in the case of women (Table 9).

Table 9: Index of Subjective Well-being by Region Sex in Kerala, 2002

Region	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
South	417	442	17.10	18.10	-3.809*	.000
Central	490	541	17.25	17.92	-2.592**	.010
North	400	494	17.74	17.63	.384	.701

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1 % level.

Irrespective of gender, well being is the highest among emigrant households (households with at least one emigrant member) and lowest among non-migrant households. It seems economic benefits derived through remittances have added to their well being among internal and international migrant families. Besides, gender difference is the highest among non-migrant households. On the other hand, families of returned emigrants and out migrants reported a decline in well being. These groups have significant gender disparities (Table 10).

Table 10: Index of Subjective Well-being by Migration Status of the Household, 2002

Migration status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
REM	125	144	17.06	18.02	-1.901**	.060
EMI	161	231	16.94	16.55	.897	.371
ROM	172	181	17.28	17.81	-1.273	.205
OMI	114	123	17.37	17.87	-1.041	.300
No migration	811	900	17.48	18.22	-3.584*	.000

Source: Field Survey, 2002.

Notes: REM = Return Emigrants in the households; EMI: Emigrant in the households; ROM= Return Out Migrant in the households; OMI = Out migrant in the households.

* Highly Significant; ** Significant at 10 % level.

Well being has a positive association with the quality of housing including the availability of electricity (Table 11). The gender difference is not much among members sharing decent housing whereas the difference is significant in the case of residents who have poor housing. Probably, in poor households women have to work extra hours to run the household. (many of the men in poor households are alcoholics in Kerala)

Table 11: Index of Subjective Well-being by Household Characteristics, 2002

Housing Quality	Total	Mean of the Scores		t-value	Significance
		Male	Female		
Very good	423	16.11	16.62	-1.340	.182
Good	1491	17.49	17.58	-.411	.681
Poor	721	17.90	19.48	-5.335*	.000
Electricity in the household					
Yes	1858	17.11	17.39	-1.503	.133
No	778	18.06	19.17	-3.966*	.000

Source: Field Survey, 2002.

* Highly Significant.

Table 12: Determinants of subjective well being

Model Summary						
		R	R Square	Adjusted R Square	Std. Error of the Estimate	
		.359	.129	.126	3.84	
ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	5716.056	9	635.117	42.999	.000
	Residual	38757.559	2624	14.770		
	Total	44473.615	2633			
Coefficients						
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	14.577	.858		16.986	.000
	Educational Attainment	-.687	.076	-.192	-8.979	.000
	Marital Status	.613	.134	.092	4.572	.000
	Housing Quality	.731	.139	.115	5.248	.000
	Gender	.581	.155	.071	3.759	.000
	Age	2.519E-02	.006	.093	4.133	.000
	Electricity in the house	.467	.192	.052	2.439	.015
	Region	.285	.102	.055	2.788	.005
	Employment Status	9.513E-02	.044	.043	2.154	.031
Religion	-7.815E-02	.037	-.039	-2.105	.035	
Excluded Variables						
		Beta	T	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
	Return emigrant	.011	.585	.558	.011	.960
	Emigrant	-.012	-.620	.535	-.012	.962
	Return out migrant	-.009	-.484	.628	-.009	.964
	Out migrant	.010	.537	.592	.010	.980
	No Migrant	.000	.004	.997	.000	.915

Source: Field Survey, 2002.

To identify the determinants of well being, we have done multiple regression analysis using all the relevant variables collected from the households. The findings are as follows: educational attainment of the individual, marital status, quality of housing, availability of electricity, gender, age, religion, region of the state where the person lives and employment status are found to be significant factors which affect well being of the individuals (Table 12). However, migration status of the households has no significant impact on well being.

MENTAL HEALTH

In this section, we analyse 12 questions canvassed among the individuals to assess the level of mental health in Kerala. All questions had 4 possible response choices and the individuals were requested to select one choice for all 12 questions. The higher the score, the lower is the mental health. Keralites show significant gender disparity in mental health. Females are lower in scale compared to men in mental health (Table 13).

Table 13: Index of Mental Health in Kerala by Sex, 2002

Gender	Total	Score Mean	t value	Significance
Male	1308	1.81	-4.518*	.000
Female	1477	2.33		

Source: Field Survey, 2002.

* Highly Significant.

Women of female-headed households are the lowest in mental health compared to either males of female-headed households or males or females of the male-headed households. Not much gender disparity in mental health was observed in male-headed households. Men are not affected by the gender of the head of the household. (Table 14).

Table 14: Index of Mental Health in Kerala by Head of the Household, 2002

Gender	Total families	Total members	Mean of the Scores		t value	Significance
			Male	Female		
Male	757	2174	1.90	1.98	-.388	.698
Female	243	611	1.99	3.03	-3.219*	.001

Source: Field Survey, 2002.

* Significant at 1% level

Females have lower mental health irrespective of their age; this disparity is particularly significant in two broad age groups namely 25-34 and above 55 (elderly). In the case of other age groups, of course differences exist but they are not statistically significant. As age advances mental health declines for both men and women. However, while for men this is a more or less linear movement, in respect of women there seems to be a sudden leap in the case of two age groups. This may be associated with changes in life stages. (Table 15).

Table 15: Index of Mental Health in Kerala by Age and Sex, 2002

Age	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
15-24	344	343	1.04	1.36	-1.903**	.058
25-34	269	313	1.49	2.36	-3.581*	.000
35-44	237	313	1.90	2.11	-.750	.454
45-54	233	277	2.31	2.71	-1.245	.214
55+	225	231	2.79	4.09	-3.714*	.000

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 10 % level.

As reported in the earlier section on well being, a similar and perhaps related trend is also seen in mental health. After marriage, distress increases for both men and women but more so among women. (twice as much). Gender difference in mental distress is highly significant in married groups. Death of spouse also seems to affect women's mental health more than that of men (Table 16).

Table 16: Index of Mental Health in Kerala by Marital Status, 2002

Marital Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Unmarried	99	79	1.22	1.35	-.354	.724
Married	1086	1117	1.78	2.28	-3.966*	.000
Widowed	98	220	2.50	3.62	-2.332**	.022
Divorced	10	24	1.90	2.70	-.897	.393

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 5 % level

Mental distress comes down as the level of education goes up for both men and women. But gender difference is more significant among those with primary, upper primary middle and secondary education. For those with education upto and above degree level, gender difference is negligible. In respect of illiterates and literates with the minimum education, women seem to be less distressed than men though this difference is not statistically significant. Remaining uneducated may be more distressing for a man in our society than it is for a woman (Table 17). The gender related influence of education on mental health seems to follow something like 'Dodson's inverted U curve'.

Table 17: Index of Mental Health in Kerala by Educational Attainment, 2002

Educational Attainment	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Illiterate	42	123	3.88	3.30	.652	.518
Literate	34	33	3.45	3.21	.291	.773
Primary	188	246	2.3	3.48	-2.023**	.045
Middle	598	658	1.83	2.32	-2.851*	.005
Secondary	330	321	1.14	1.56	-2.253**	.025
Degree	116	94	0.84	1.38	-1.613	.110

Source: Field Survey, 2002.

* Significant at 1% level; ** Significant at 5 % level

Except for those engaged in household work (domestic chores), women experience more distress than men. Gender difference is significant for labourers and those who are self employed including farmers, people holding salaried jobs in the public or private sector and those who are unemployed. For the average Keralite, it seems to be less mentally distressing to remain unemployed than to be a farmer. The mental distress experienced by a female labourer is three times more than that of male counterparts. Students have minimal distress irrespective of gender. But men in government service are similar to students in this respect but for women in government service mental distress increases three fold compared to female students (Table 18).

Table 18: Index of Mental Health in Kerala by Work Status, 2002

Employment Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Government	80	30	0.700	2.30	-2.227***	.034
Private	86	32	1.06	2.78	-2.768**	.009
Self-employed	261	42	1.02	3.33	-4.175 *	.000
Farmers	121	53	2.13	3.51	-1.917****	.061
Labourers	374	77	1.05	3.96	-5.629*	.000
Unemployed	186	81	1.82	3.13	-2.60**	.011
Student	171	146	.88	.91	-.135	.893
House work	18	1012	4.50	2.5	1.635	.120

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1 % level; *** Significant at 5% level:

* **** Significant at 10% level

Nair men and Muslim women have better mental health compared to others. But gender difference is significantly high within Nair community whereas it is minimal among Muslims. Both men and women of Scheduled Castes/Tribes report mental distress. Gender difference is also high among them. Ezhavas and Syrian Christians also show gender differences in mental health (Table 19).

Table 19: Index of Mental Health in Kerala by Religion/Caste, 2002

Religion/ Caste	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
SC/ST	94	109	2.17	2.82	-1.667***	.099
Nair	133	143	1.43	2.23	-2.350**	.020
Ezhava	292	322	2.10	2.53	-1.720***	.087
Syrian X'ans	138	135	1.58	2.55	-2.753*	.007
Other X'ans	151	180	2.02	2.45	-1.338	.183
Muslims	258	335	1.78	1.98	-.773	.440
Others	173	173	1.46	2.49	-3.158*	.002

Source: Field Survey, 2002.

* Significant at 1% level; ** Significant at 5 % level; *** Significant at 10% level

Mental health declines for men as one moves from South to North Kerala but the reverse is true for women (Table 20). Gender disparity in mental health is highest in South Kerala; it is relatively less in central Kerala and negligible in north.

Table 20: Index of Mental Health in Kerala by Region, 2002

Region	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
South	417	442	1.75	2.74	-4.918*	.000
Central	490	541	1.81	2.33	-2.753**	.006
North	400	494	1.90	1.98	-.388	.698

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1% level;

Gender differences in mental health are the highest among non-migrant households. Members of out-migrant and returned out-migrant households also report significant gender differences in mental health (Table 21). Women of emigrant and returned emigrant families have relatively better mental health and the gender differences also are low for those households. On the other hand, men of migrant and out migrant families have relatively more mental distress. Men belonging to non-migrant households have the highest level of mental health in

spite of the fact that the same people reported lowest well being. These findings substantiate once again that psychological distress and well being are two separate dimensions and not two poles of the same dimension.

Table 21: Index of Mental Health in Kerala by Migration Status of the Household, 2002

Migration Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
REM	125	144	1.99	2.08	-.282	.778
EMI	161	231	2.07	2.08	-0.036	.972
ROM	172	181	1.87	2.85	-2.991**	.003
OMI	114	123	2.08	2.75	-1.737***	.085
No migration	811	900	1.76	2.27	-3.548*	.000

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1 % level; *** Significant at 10% level

As the quality of housing improves mental distress comes down for both sexes. But gender difference in mental health is present in all types of households irrespective of housing quality (Table 22).

Table 22: Index of Mental Health in Kerala by Household Characteristics, 2002

Housing Quality	Total	Mean of the Scores		t-value	Significance
		Male	Female		
Very good	423	1.31	1.88	-2.122***	0.035
Good	1491	1.75	2.22	-3.164**	0.002
Poor	721	2.21	2.96	-2.917**	0.004
Electricity in the Household					
Yes	1858	1.61	2.15	-4.069*	.000
No	778	2.48	2.77	-2.084**	.038

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 1% level; *** Significant at 5% level

We also ran multiple regressions to ascertain the determinants of mental health in Kerala (See Table 23). The factors affecting the mental health are educational attainment, age, gender, marital status, housing, availability of electricity and households with no migrant. On the other hand, migration status, geographical region, religion and employment status do not seem to influence mental health in any significant manner.

Table 23: Determinants of Index of Mental Health

Model Summary						
		R	R Square	Adjusted R Square	Std. Error of the Estimate	
		.332	.110	.108	2.97	
ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
	Regression	2869.204	7	409.886	46.366	.000
	Residual	23214.485	2626	8.840		
	Total	26083.689	2633			
Coefficients						
		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
(Constant)		-.211	.524		-.402	.688
Educational Attainment		-.420	.058	-.153	-7.250	.000
Age		2.818E-02	.004	.135	6.324	.000
Gender		.597	.118	.095	5.056	.000
Marital Status		.435	.103	.085	4.212	.000
Electricity in the household		.409	.148	.059	2.770	.006
House Quality		.283	.104	.058	2.725	.006
No Migrant		.138	.057	.047	2.438	.015
Excluded Variables						
		Beta	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
	REM	-.006(g)	-.321	.748	-.006	.846
	EMI	.010(g)	.486	.627	.009	.756
	ROM	-.001(g)	-.028	.978	-.001	.709
	OMI	-.004(g)	-.171	.864	-.003	.619
	Region	-.004(g)	-.185	.853	-.004	.895
	Religion	-.033(g)	-1.769	.077	-.035	.982
	Employment Status	.034(g)	1.691	.091	.033	.846

Source: Field Survey, 2002.

GENDER IDEOLOGY

All members in the age group 15-59 and the responsive ones of the age group 60-69 were asked to answer 14 questions to elicit from them their views on gender ideology. The higher the score, the more orthodox or traditional they are likely to be in their perspective on gender. Keralite women are more conventional in their gender ideology compared to men (Table 24).

Only very young females show modern attitudes compared to males of the same age group. Shifts in gender ideology is more marked in women; elderly women are much more orthodox than younger women and it is also evident among men to a lesser degree.

Table 24: Index of Gender Ideology in Kerala by Sex, 2002

Gender	Total	Score Mean	t value	Significance
Male	1308	6.68	-3.509*	0.000
Female	1477	7.11		

Source: Field Survey, 2002.

* Highly Significant.

Women of male-headed households are more orthodox in gender ideology than men of the male-headed households. On the other hand, men of the female-headed households hold the most progressive gender ideology. When the head of the household is a woman, it has positive influence on men in all three aspects; they have good mental health, a high sense of well being and generous gender outlook (Table 25).

Table 25: Index of Gender Ideology in Kerala by Head of the Household, 2002

Gender	Total families	Total members	Mean of the Scores		t value	Significance
			Male	Female		
Male	757	2174	7.11	7.59	-2.309**	.021
Female	243	611	6.75	7.14	-1.433	.153

Source: Field Survey, 2002.

** Significant at 5 % level

Men between 15-24 are a little more orthodox in gender ideology than men belong to the next age group (Table 26). A similar pattern is noted for married and unmarried men. Marriage must be making men less orthodox while women tends to turn more orthodox after marriage. Both married women and widows are significantly more orthodox than men. But divorced women are considerably less orthodox than divorced men (Table 27). Does a progressive gender ideology among women lead to marital disharmony? Though divorced men constitute only a small sample size, they hold the most orthodox gender ideology.

Table 26: Index of Gender Ideology in Kerala by Age and Sex, 2002

Age	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
15-24	344	343	6.56	6.22	1.384	.167
25-34	269	313	6.34	6.87	-1.905**	.058
35-44	237	313	6.64	7.43	-2.962*	.003
45-54	233	277	6.76	7.77	-3.372*	.001
55+	225	231	7.24	8.12	-2.784*	.006

Source: Field Survey, 2002.

* - Significant at 1% level ** Significant at 5 % level

Table 27: Index of Gender Ideology in Kerala by Sex and Marital status, 2002

Marital status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Unmarried	99	79	7.01	6.22	1.461	.148
Married	1086	1117	6.64	7.10	-3.564*	.000
Widowed	98	220	6.79	7.80	-2.272**	.025
Divorced	10	24	7.70	6.30	1.055	.319

Source: Field Survey, 2002.

* Highly Significant; ** Significant at 5 % level

Both men and women tend to become more progressive in gender ideology as level of education goes up. But only at higher levels of education – graduate or post graduate - women show a marginally less orthodox gender ideology than men. Among those with only primary or upper primary education, women are significantly more orthodox than men (Table 28)..

Table 28: Index of Gender Ideology in Kerala by Sex and Education, 2002

Educational Attainment	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Illiterate	42	123	8.48	8.93	-.644	.523
Literate	34	33	8.54	7.94	.767	.449
Primary	188	246	7.81	8.36	-2.086**	.038
Middle	598	658	6.97	7.30	-1.830***	.068
Secondary	330	321	5.76	6.09	-1.401	.162
Degree	116	94	4.87	4.61	.645	.521

Source: Field Survey, 2002.

** Significant at 5 % level; *** Significant at 10% level

Girl students hold less orthodox gender ideology than boys. This correlates well with similar findings in younger age groups. Employees, men as well as women, in government service hold equally progressive gender ideology. In all other instances, women are more orthodox and significantly so among farmers, those employed in the private sector and those unemployed.

Table 29: Index of Gender Ideology in Kerala by Work Status and Sex, 2002

Employment Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
Government	80	30	5.03	5.03	.000	1.00
Private	86	32	5.16	6.59	-2.005***	.054
Self-employed	261	42	6.71	6.76	-.059	.953
Farmers	121	53	7.15	8.11	-1.751***	.086
Labourers	374	77	7.56	8.01	-9.22	.359
Unemployed	186	81	6.13	7.38	-2.243**	.028
Student	171	146	6.40	5.40	3.160*	.002
House work	18	1012	7.22	7.50	-.250	.806

Source: Field Survey, 2002.

* Significant 1% level; ** Significant at 5 % level; *** Significant at 10% level

Irrespective of their migration status, women report more orthodox gender ideology compared to men. However, this difference is not statistically significant in respect of non-migrant, returned out migrants out migrant households. The difference is relatively less among emigrant and returned emigrant households. But women of emigrant and return emigrant households report more orthodox gender ideology. Both men and women of returned out migrant families are the least orthodox in gender ideology. The effect of migration on gender ideology is such that it makes people more conventional than otherwise. Is it because unlike European countries Middle East is more orthodox?

Table 30: Index of Gender Ideology in Kerala by Sex and Migration Status, 2002

Migration Status	Male	Female	Mean of the Scores		t value	Significance
			Male	Female		
REM	125	144	6.97	7.49	-1.416	.159
EMI	161	231	7.19	7.36	-.479	.632
ROM	172	181	6.04	6.79	-2.414**	.017
OMI	114	123	6.35	7.20	-1.933***	.056
No migration	811	900	6.70	7.06	-2.363**	.018

Source: Field Survey, 2002.

** Significant at 5 % level; *** Significant at 10% level

The determinants of gender ideology was also analysed through multiple regression analysis. Educational attainment, religion, gender, region, age, emigration and return emigrant household have a significant impact on gender ideology held by Keralites. Marital status, employment status and non-migrant households do not exert any significant influence on gender ideology.

Table 31: Determinants of Gender Ideology

Model Summary					
	R	R Square	Adjusted R Square	Std. Error of the Estimate	
	.356	.127	.124	2.93	
ANOVA					
	Sum of squares	df	Mean of square	F	Sig.
Regression	3282.530	8	410.316	47.695	.000
Residual	22548.232	2621	8.603		
Total	25830.762	2629			
	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
(Constant)	7.698	.511		15.063	.000
Educational Attainment	-.775	.056	-.284	-13.731	.000
Religion	.116	.028	.077	4.096	.000
Emigrant	.454	.112	.075	4.052	.000
Gender	.334	.116	.053	2.891	.004
Region	.224	.075	.056	3.001	.003
Return Emigrant	.363	.137	.049	2.655	.008
Age	1.017E-02	.004	.049	2.455	0.14
Electricity	.300	.132	.044	2.266	.024
Excluded Variables					
	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
					Tolerance
Marital Status	-.013	-.647	.518	-.013	.826
House quality	-.003	-.121	.903	-.002	.665
Return out-migration	-.025	-1.343	.180	-.026	.956
Out migration	.016	.884	.377	.017	.983
No migrant	-.004	-.178	.859	-.003	.615
Employment Status	-.001	-.053	.989	-.001	.848

Source: Field Survey, 2002

RESPECT FOR MEN AND WOMEN

The vast majority of men and women in Kerala favour a more dominant status for men and this is already implicit in earlier discussions on well being and mental health. In most cases women are content with a lower status; in fact the lower status of women is readily accepted as the norm by them (Tables 32 and 33).

Table 32: Index of Assessing the Respect for Women by Sex

Who are the women who do not get respect in the community?	Male	Female
Those who do not carry out their domestic chores satisfactorily.	75.7	78.3
Those who are immodest (talk too much, talk boldly, move about freely)	87.9	88.2
Those who do not obey their husbands	91.4	92.1
Those who are of bad character	95.6	97.4
Those who are spinsters	8.5	12.1
Those who are childless	6.7	10.8
Those who have no sons	2.6	4.2
Those who have been sexually assaulted	28.1	31.6
Those who are beaten by their husbands	20.0	18.0
Those who take up outside employment	2.7	2.5

Table 33: Index of Assessing the Respect for Men

Who are the men who do not get respect in the community?	Male	Female
Those who drink too much	93.8	97.0
Those who do not care for their families	96.8	98.4
Those who beat their wives	86.0	93.0
Those who cannot control their wives	77.7	78.5
Those whose wives/daughters are thought to be of loose character.	65.4	64.0
Those whose wives/ daughters are in outside employment.	5.2	4.8
Those whose wives /daughters move about freely	13.5	12.5
Those who have no sons	2.1	3.7
Those who have no children	5.4	7.8
Those who do household work	15.8	19.8
Those who are not virile	8.7	12.0

Source: Field Survey, 2002.

STRESS AMONG KERALITES

Current financial worries, insecurities of the future, poor health and heavy burden of work are the major causes of stress among both men and women of Kerala. Stress related to aggression, violence and threat of violence are much more relevant for women compared to men. Addiction in the members of the family causes twice as much stress for women as for men. However, if men happen to be addicts, they tend to undergo much stress in their occupation. The same is true for financial stress (Table 34). But general impression derived from the study is that women in Kerala are under greater stress compared to their male counterparts.

Table 34: Stress among Keralites, 2002

Characteristics	Male	Rank	Female	Rank
Financial	75.31	1	69.19	1
Anxiety	61.31	2	62.49	2
Health	35.40	3	44.21	3
Workload	19.95	4	28.44	4
Interpersonal relationship	17.20	5	19.03	7
Aggression and Violence	14.45	6	20.51	6
Stress yourself)	13.69	7	01.96	10
Stress in family	09.33	8	20.99	5
Occupational	07.42	9	03.11	9
Threat of aggression and violence	01.76	10	18.89	8

Source: Field Survey, 2002.

Regarding stress arising from anxiety about the future, generally men are mainly concerned with only income security. On the other hand, women bother more about health, aging, children's education and the future of every body else in the household.

Examining the reasons for financial stress, it is seen that inadequate income is foremost cause for both sexes (Table 35). Next come burden of debt, illness, the need to have one's own house and education of children, in that order. Financial stress arising from one's job or business is reported more by men while various stress related to marriage are more common among women.

Table 35: Reasons for Financial Stress, 2002

	Male	Rank	Females	Rank
Insufficient income	74.42	1	70.25	1
Debt	58.07	2	63.31	2
Illness	32.79	3	39.04	3
House construction	20.41	4	21.04	4
Education of Children	14.31	5	17.12	5
Employment or business	12.39	6	07.24	7
Marriage and Dowry	11.98	7	13.99	6
Others	04.57	8	06.36	8

Source: Field Survey, 2002.

Men report stress caused by excessive (non domestic) workload as of prime importance (79 percent). Routine household work (domestic chores) is a stress factor for only 21 percent of men compared to 86 percent for women (Table 36). Stress associated with managing household work and work outside home, burden of caring for the sick or the elderly in the household and supervision of children is felt more by women. This confirms to the traditional gender role of man as the breadwinner and woman as the homemaker.

Table 36: Reasons for Work Load Stress, 2002

Reasons	Male	Rank	Female	Rank
Excessive (non-domestic) work load	78.93	1	19.05	3
House and outside work	28.74	2	40.95	2
Routine house work	21.07	3	85.48	1
Burden of caring for sick or elderly	12.26	4	15.71	4
Supervision of children	08.05	5	14.52	5
Others	05.75	6	01.90	6

Source: Field Survey, 2002.

When we examine relationship-related stress, it matters with whom a stressful relationship exists. For about 54 percent of married women, the relationship with the husband is the most stressful. Only 19 percent of married men have the same complaint about their wives (Table 37). In other words, women are more stressed in married life compared to men. Also 28 percent of married women experience stress in their relationship with the husband's family (parents, sisters and brothers) compared to 6 percent among men. For men, relationship with siblings, neighbours and colleagues is more stressful.

Table 37: Reasons for Stress on Future, 2002

Reasons	Male	Rank	Female	Rank
Income security	85.04	1	72.37	1
Health	35.16	2	43.66	2
Son's future	29.30 (34.97)	3	41.17 (56.55)	3
Daughter's future	25.81 (30.80)	4	34.13 (45.45)	4
Children education	16.08 (19.20)	5	17.77 (23.67)	7
Other	15.71	6	10.94	8
Spouse future	16.21 (19.34)	7	29.90 (39.83)	5
Ageing	13.59	8	(19.61)	6

Note: Percentages in the brackets are percentages from the married people, who answered for this question.

Source: Field Survey, 2002.

Women tend to experience more stress in the home or in intimate circles whereas for men it is mostly outside home. Females report stress arising from physical or mental violence more than males (Tables 38 and 39). For men, actual violence or threat of violence from neighbours form the highest source of stress (29 percent) but for married women female-in-laws are a source of much stress (48 percent).

Table 38: Stress on Relationship, 2002

By Whom?	Male	Rank	Female	Rank
Sibling	28.44	1	24.56	3
Neighbours	26.67	2	22.78	4
Other	18.22	3	27.05	2
Extended kin	16.89	4	19.93	5
Spouse	16.44 (19.37)	5	37.22 (53.81)	1
Work colleagues	14.22	6	02.85	8
Mother-in-law and Daughter-in-law	04.89 (05.76)	7	19.57 (27.91)	6
Parent-child	02.67 (03.14)	8	13.17 (17.78)	7

Note: Percentages in the brackets are percentages from the married people, who answered for this question.

Source: Field Survey, 2002.

Table 39: Stress on Physical or Mental Violence, 2002

By Whom?	Male	Rank	Female	Rank
Neighbours	28.57	1	20.13	2
Brother	19.05	2	13.20	5
Extended kin	16.40	3	19.47	4
Other	15.34	4	05.28	8
Work colleagues	13.23	5	03.96	9
Spouse	12.70 (14.37)	6	19.47 (29.06)	3
Father	07.94	7	02.97	10
Mother	06.35	8	02.31	11
Son	04.76 (05.38)	9	(06.60) (09.85)	7
Female in law	04.23 (04.79)	10	32.34 (48.28)	1
Male in law	04.23 (04.79)	11	11.22 (17.75)	6

Note: Percentages in the brackets are percentages from the married people, who answered for this question.

Source: Field Survey, 2002.

Do Keralite women suffer violence and aggression within home more than out side? It seems Keralite women are more subjected to violence in intimate personal circles at home as well outside home from relatives. But for men, non-relatives/ or distantly related persons constitute the major source of violence with an exception of brothers (19 percent).

If we examine causes for violence, financial matters constitute the foremost for both sexes; however, for men it is twice as much as it is for women. Next come disputes over property which is of the same magnitudes for both sexes (Table 40). But when it comes to dowry, alcohol-related problems, insubordination to spouse, infidelity real or imagined, sexual discord, sloppy performance of household chores, more women suffer violence.

Table 40: Reasons for Violence, 2002

Reasons	Male	Rank	Female	Rank
Money matters	60.85	1	32.28	1
Property dispute	21.69	2	22.44	2
Other	20.11	3	16.17	5
Alcohol	16.40	4	21.78	3
Disobedience or disrespect to spouse	10.58 (11.97)	5	09.57 (14.29)	8
Suspicious and infidelity	03.17	6	19.80	4
Not doing household work properly	02.65	7	11.88	6
Dowry	00.00	8	09.57 (14.29)	7
Refusing to have sex	00.00	9	03.63 (5.41)	9

Note: Percentages in the brackets are percentages from the married people, who answered for this question.

Source: Field Survey, 2002.

Table 41: Reasons for Stress on Decision Making, 2002

Reasons	Male	Female
Property matters	06.57	13.61
Community activities	01.68	06.30
Decisions on how many children	00.84	04.87

Source: Field Survey, 2002.

Table 42: Reasons for Stress due to Migration

Reasons	Total	
	Male	Female
Feeling lonely	0.00	9.88
No adult male in the house	1.00	5.55
Having to make decisions	0.60	7.10
Many tasks and responsibilities	1.20	5.72
Controlled too much by in laws	0.00	3.64
Vulnerable to gossip	0.20	2.95
Improper advances of men	0.40	1.21
Separation from parents	1.20	4.15
Jealousy	0.20	3.29
Handling large money	0.20	1.73

Source: Field Survey, 2002.

Emigrant status of households is not seen as much stressful by men in emigrant households.

On the other hand, women report much more stress associated with gulf migration.

Loneliness is the top most stress factor for women (10 percent). An earlier study conducted by Zachariah and Irudaya Rajan (2001) also reports similar findings about gulf wives whose husbands were away. Exclusive responsibility for decision making, undue control of in-laws, having too many responsibilities to shoulder, absence of an adult male at home, separation from parents and envy of others are all viewed as stress factors by women of migrant households.

7. SUMMARY AND CONCLUSIONS

A household survey was conducted among all members of age group 15-59 years and among responsive persons between 60-69 years in a randomly selected sample of 1000 households in Kerala. The major aim was to elucidate gender-related issues in mental health, human well being, stress experience and gender ideology of the Kerala population.

Men in general were found to have relatively better sense of well being, better mental health and more progressive gender ideology. Women reported more stress than men in most of the areas concerned. However, there is indication that gender differences are converging over the generations and especially women seem to be changing more in a positive direction in most of the selected indices.

The overall impact of a woman being head of the family is positive on men living in the same household. But the same is not true in the case of women.

The younger generation, the better educated ones and the unmarried score better on most of the indices irrespective of gender.

Marriage seems to have a negative impact in terms of both well being and mental health of persons.

Migration status exerts a positive influence on well being of people but not necessarily on mental health. It has a positive correlation with an orthodox gender ideology.

Working in the public sector is good for men and women on all counts but men are definitely better off than women in public sector jobs. Farmers in Kerala suffer the most compared to those in other walks of life.

Well being and mental health of men steadily increase as we move from North to Southern region of Kerala while the reverse is true for women.

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APPENDICES

CASE STUDIES

FATE OF A PSYCHOTIC'S WIFE

My name is Fathim Zeenath. Everybody calls me by my pet name Fizi. I am the youngest among 4 siblings. I have two elder sisters and a brother. My daddy was in the military service before my birth. From the time of remembrance, he was a businessman. Daddy has 3 brothers and sisters. As the paternal grandparents died earlier, we were living separately after the partition of the family property. I was very naughty in my younger days. As I had breathing problems, doctors were not confident of my growing up as a healthy child.

My parents were religious. They wanted me to be very religious. Daddy used to advise his sisters to wear full-sleeve blouses. His elder brother and one younger brother were alcoholics. Daddy was not on good terms with them.

We were brought up in a liberal atmosphere. Parents used to satisfy all my needs. I was the pet of my parents. I was very mischievous and used to quarrel with my elder sister. When I was 6 years old, my elder sister (she was 16 at that time) got married to a relative of my daddy'. He was a businessman. He had lost both of his parents and hence he was staying with his brother. My sister delivered two children within two years.

I was the school leader in my primary classes. I was active in sports. My Madrasa education (religious education) was upto 3rd standard. I refused to continue it as the Ustad was not of a good character. He used to sit very close to me when he taught quran. I had lots of friends at that time. After the 4th standard, I joined a mixed school. I had a best friend at that time. There were no children from my neighbourhood in my new school. I rode to school in a bicycle. In my 8th and 9th standards, I did not feel any intimacy with the boys and they behaved gently. If they said something bad, I would scold or advice them. I used to tell other girls that if they loved a boy, they should marry him. Some of them agreed with me.

Daddy used to borrow for the purpose of his business. When he failed to repay the loans, he began to quarrel with mummy for silly reasons. Often, we children had to intervene to settle

the dispute. Daddy used to smoke (cigarettes) a lot in those days. The court had issued orders to attach our land and other properties. My brother was 17 years old at that time. He along with my maternal grandfather sold the entire property and cleared the debts later. We recovered the property in the name of mother and brother, as it was impossible to recover the same in the name of daddy.

When I was studying in the 7th standard, my second sister got married. After one year she went to the Middle East. In between, daddy's health deteriorated. I was very close to him. He used to sing the songs of Mohammed Rafi and to narrate to me his experiences in the army. We used to watch films together. When his condition worsened, he was admitted in Mount Crescent Hospital, Calicut. Doctors told my brother that daddy had pneumonia and that he would live only for 6 months, but my brother didn't disclose it to us. Daddy was longing to see my brother get married. Daddy was again admitted in a hospital at Manjeri. At first, daddy's brother and sisters refused to visit him, but later they came. I lost my daddy when I was studying in the 9th standard.

One month after daddy's departure, my brother got a visa to migrate to Singapore. Mummy and I went to mummy's house at Nilambur. I completed my 9th and 10th standards there. At that time, in Nilambur, women used to attend mosques for prayers. We also used to go to the Mosque. We were punctual in Namaskar and chanting quran. I used to go to school with my friends. If I happened to be late to return, my uncles would scold me. My brother landed a highly paid job. He used to visit us bimonthly, when he used to be at Madras on official business.

I failed in the SSLC examination, but my brother compelled me to reappear. Mummy insisted that I should get married soon. A lot of marriage proposals were coming at that time. Brother won't allow everyone to see me. At first he would enquire about the boy and his family only if both the parties were satisfied my brother would allow the boys to see me. I was keen to marry an educated person. My people were satisfied with Shaji's proposal from Perinthalmanna. I got married on 8th December 1994.

Shaji was the eldest among 5 siblings. His 2 younger brothers worked in the Middle East. One brother had expired earlier. His sister was already married and was staying with her

husband in Middle East. Shaji and his mother stayed at their home. From early days, he used to be very obstinate. He discontinued his studies while he was studying in 8th standard because his parents refused to buy him a two-wheeler. Later he worked in the Middle East for 3 ½ years. At the time of our marriage he was engaged in (used) car business.

I was given a dowry of Rupees 2 Lakhs and 100 sovereigns of gold at the time of my marriage. Our married life remained uneventful for 1½ years. My husband was loving and responsible. Trouble started only after my first delivery when he began to demand money from my family for business purpose. He used to ring up me or send me to my house to bring money. Initially, my brother used to help him. However, later when asking for money became a habit with my husband, my brother refused oblige which resulted in noisy scenes at home. Though at his work place he used to be well behaved, he began to return home late at night and shout at me. Gradually, it resulted in physical violence. When it became a routine, our neighbours began to think that we had some sexual problem.

One of his younger brothers committed suicide. After this my husband began to complain about severe stomach ache. To get relief he used to roll on the floor. Even after treatment by many physicians, his conditions didn't improve. At last he consulted a psychiatrist and he became a symptomatic.

One day I had to go to my house to sign some legal documents. My husband permitted me to go, but asked me to return the same day. My sisters and their children were at home. They insisted that I should spend a day with them. So I phoned up my husband and asked him to come over with our son. He came alone at 8 pm and asked me to go with him immediately. My mummy and my brother didn't permit me to go with him at night. So he began to shout at my brother and me and he beat me in front of others. My brother asked him to leave the house. But he went on shouting. My brother, therefore, informed the police and he was taken to the police station. Later, my maternal uncles released him from the police station. I stayed in my house for 2 weeks. I reached to my husband's house when he came and apologised.

However, his shouting and physical harassment continued. He used to refer to the police station incident and abused my family members. My mother-in-law, who earlier used to justify her son, now began to criticise him.

If my husband is at home I won't get peace of mind. He won't allow me to watch television or to read magazines or newspapers. He gets angry with me over silly matters. At first children used to cry when he shouted. Later as soon as my saw him, he hid himself somewhere. He didn't show nay concern for others. He kept on torturing me at the slighter and provocation. One day he broke the glasses of the windows and injured both his hands.

Many people insisted that he should be treated in a mental hospital. I stayed in the hospital along with my 1½ year old daughter. His tantrums continued at the hospital too. One day my mummy had phoned up the hospital. When he knew about the phone call, he shouted aloud and tried to hit me with the tube light. One evening he insisted that he should ring up his house. We went to the nearby telephone booth and there too he created a noisy scene. People gathered in large number; I became unconscious and fell into the gutter. Another day, in the afternoon he insisted on seeing the doctor and broke the window glasses. On his demand, he was discharged from the hospital. At home he was well behaved and I thanked God for his transformation. But my happiness didn't last too long. He discontinued medicines and started assaulting me. I lost hope and thought of committing suicide. My mother-in-law prevented me from it. My brother came and took me home. After one week Shaji came and apologised for all that had happened and took me back to his home.

Now, my mother-in-law tells me that she cannot bear him anymore. She is planning to go to the Middle East to join her husband. Scared of my husband's behaviour, his sister didn't come home for her delivery. My husband's family members suggested that I stay at my house. But he won't allow me to take the children with me.

IN THE ABSENCE OF HUSBAND

My name is Fousiya. I was born the eldest child in a traditional agrarian family. I have 2 younger brothers and a younger sister. My paternal grandmother and paternal aunt, whose husbands deserted them, used to live with us. Two elder brothers of my father were living nearby. All of us used to get together on festive occasions.

My formal education started when I was 5 years old. Along with one of my cousins, I joined a school which was about 1 Kilometre away from house. All of us enjoyed the journey to school. My elder cousins used to pluck flowers from the ponds on the way to school. At Madrasa, I really enjoyed my school days.

When I was 10 years old, one of my cousins got married. All of us got new dresses and ornaments for the occasion. Our servants at home used to tell me that one-day I would also wear ornaments and silk dresses and would accompany my husband. From that day onwards marriage meant for me wearing new cloths and ornaments. When I was 14 years old, my grandmother insisted on my marriage. I was in the 9th standard then. In my village, girls especially those from the Muslim community used to get married at the age of 14 or 15. If they didn't get married at that age, people thought that there was something wrong with the girl.

I received many proposals at that time. Sometimes the boys or their parents came to see me. My marriage was fixed with Salim. He was employed in Dubai and was on leave for 4 months. His father had expired earlier. His 2 sisters were married and were living with their husbands. His mother and younger brother were staying at home.

Salim was very loving. We together visited relatives. My mother-in-law and I attended to all the household chores together. She took a special interest in caring for her elder son. During evenings we all gathered on the veranda and chatted for long hours. Two months passed very fast. It was time for my husband to go back to the Middle East. Husband asked me to stay on at his house and to take care of his mother and brother. I felt too sad at my husband's departure and wept for hours.

After my husband's departure, I began to sleep in my mother-in-law's bedroom while she slept on a cot, I slept on a mattress on the floor. My 14 years old brother-in-law slept in another corner of the same room.

My brother-in-law was studying in the 10th standard at that time. He was close to me. We used to play and chat for long hours. We were of the same age and I found a real friend in him. I helped him to draw diagrams and to update his notes.

One night during sleep I woke up feeling somebody's presence in my bed. I found my brother-in-law lying close to me. I strongly protested and asked him to stay away from me. Later, I informed my mother-in-law about the incident. But her reaction really shocked me. She refused to believe that her son had any sexual intention. She justified her son and asked me not to make false allegations. So I insisted on sleeping in a separate room with the doors closed. But my mother-in-law refused permission on the ground that if I committed suicide, she would subsequently have to face legal problems. I informed my parents about these developments, and they took me home.

Even after two weeks, my husband's people didn't show any interest in solving the problem. They didn't inquire about me or tried to bring me back to my husband's house. One day my husband phoned me and asked me to apologise for all that had happened. He as well as other family members were of the view that my brother-in-law was too young and innocent to make any sexual advance towards me.

I didn't return to my husband's house. Nor did my husband try to contact me when he came on leave. I got threatening letters from his relatives. Later, I came to know from other sources that he had gone in for another marriage.

SON PREFERENCE

My name is Jayasree and I was born as the eldest child in a traditional Nair family. My brother is two years younger to me. My parents were government servants. Both of them strictly followed all the traditions. My father doesn't allow my mother to buy things from the shop. Even if he allows, she won't. From my younger age, I had noticed that my mother was partial towards my brother and that my father had silently endorsed it. Even now the situation is the same. Even for buying such trivial items as safety pins and undergarments, I had to depend upon father and brother. My mother was of the opinion that I have to wear whatever my father or brother bought for me. Even while I was in college, I had to wear undergarments which did not suit me.

From childhood, mother had trained me to dress neatly and I couldn't give up the habit even when I was a grown up girl. During my school and college days boys were fond of me because I used to be well dressed. One day I mentioned to my mother. She burst into anger and told me "you might have glanced at them, that's why they are fond of you. Why did you look at them? Don't repeat it".

I had a suppressed childhood and adolescence. I was not permitted to watch films, read periodicals, or to mingle with friends. My life was confined to doing essential household chores and attending to studies. At the same time, I noticed that my brother enjoyed greater freedom. During those days I wished I were a boy.

I was religious from early days and I used to pray for ½ hour thrice a day. Some of my family members had even commented that "don't let her pray like this". I found prayers as a means of unfolding my worries in front of the god.

After my graduation I joined a Diploma course in Nursing and had to stay in the hostel. Initially, hostel life was horrible for me. The 3½ years' long professional course shed fresh into my life. I passed the course with first rank and distinction. Though all of my friends joined private hospitals, my parents couldn't imagine my working in a private hospital. They asked me not to take up work unless I got a posting in a government hospital.

My parents began to think seriously about my marriage. A lot of proposals from doctors, engineers and lecturers were dropped as the horoscopes didn't match or as my parents were not satisfied with the family, profession or the character of the boy. They never asked my opinion.

At that time my brother was doing his final B.Tech. He was an activist of SFI and my father was aware of it. One day, he received a letter from the Principal of the Engineering College, asking him to meet the principal. After coming back from meeting the principal, he was very upset. He was hospitalised for treatment of hypertension. He became very scared and wanted to perform my marriage immediately. He no longer insisted on matching of horoscopes or professional qualifications of the bride groom. My parents had even thought of marrying me off to one of my neighbours. He was lean and short and had only Teacher Training Certificate. Though I preferred to marry a tall and stout person, I was not courageous enough to disclose my preferences.

Soon, I had another proposal from Thrithala. He (Gopakumar) was also a TTC holder and was teaching in a school. I liked him much better than my neighbour. He too had been looking for a suitable alliance for the past two years. His father asked whether we were ready for a marriage without looking into the horoscope. Given the pressing circumstances, my father agreed to the suggestions. But Gopakumar's mother and his paternal aunt insisted on horoscope matching. They suggested that since the girls' party was willing for marriage without considering the horoscope, there might be some problem with the girl. The astrologer was of the opinion that marriage could be considered, even though the horoscopes were not exactly matching. They agreed to the proposal and marriage was fixed for 8th December 1993.

In November, I got an appointment order from the Medical College Hospital, Calicut. I joined on 29th November. My father and Gopakumar's father accompanied me to Calicut. Then I took one week's leave for marriage. When I asked my parents to buy something for me, they would say that they had support me only till 8th December. Because of the ill treatment from my family, I was longing to live away from them forever. I was delighted to marry some one who loved me and whom I could love. I considered my husband's house as my own house and liked his relatives more than mine.

My husband took 4 months' leave and both of us stayed in a hotel close to Maternal and Child Health Centre. He spent around Rs.50000 during this period. During the last 2 months, we moved to a rented house. It was the most delightful period of my life. I prayed god to give me the same husband, if I were born again.

His leave as well as his bank balance were almost exhausted by May and he became upset over it. He asked me to resign my job and to accompany him to his house. When I used to go to hospital, he would be alone in the hotel room. While being alone in the hotel room, he used to jot own that if I was not with him, he would commit suicide. He had even mentioned to me that he might become insane like his grandmother. When I informed my father about this incident, he asked my husband to send me for B.Ed course and to try to get me a job in his school.

In May 1994 I resigned my job and joined the Bachelor of Education course. I was one month pregnant at that time. My husband became frantic on seeing me vomiting and cried aloud. Since I was familiar with his temperament I did not take his reaction seriously. I struggled hard to complete the course along with my pregnancy; happily my husband was very supportive. Our daughter was born in January 1995. In June I completed my course. Since the management of the school demanded Rs.5 ¼ lakhs for a teaching post, my husband and his family members lost interest in securing a job for me in that school. Hence, I stayed in my husband's house.

My father-in-law was only 13 years old when his father died. He had to look after a 6 member family. Subsequently, he obtained a clerical job in a government press in Madras. He retired from the Government, Press, Thiruvananthapuram, as a Gazetted Officer. My father-in-law educated all his sisters and brothers; all of them are now employed. However, he couldn't build a house of his own. At first, they lived in a big tharawad house. After grandfather's death they had to move out from tharawad house and live in a thatched house. Later one paternal aunt, who was a school teacher, and her husband built a concrete roofed house and all of them moved in there. My husband was the eldest of the three siblings.

At the time of my marriage, all of them were living in the house built by the paternal aunt. They included my husband, his father and mother, his younger brother, younger sister and her

3 year-old daughter, an unmarried paternal aunt who was employed in a bank, another paternal aunt and her 17-year and 14-year old daughters and to top it all an 80-years old paternal grandmother who was mentally ill. There were only 2 bedrooms in the house. As I was born and brought up in a nuclear family, I found it difficult to have privacy in my husbands' house. As I had seen my parents living together harmoniously and I hoped for the same pattern. My husband had also the same out look during the early days of my marriage. But when we began to live in his house, his outlook changed.

After returning from the school, he would remain in bed till 9 PM and would not take care of the child. For every little thing, he would require assistance, even to have a cup of water. He was not in the habit of taking any decision independently. Being a staff nurse, I was very particular regarding child rearing. When he forgot things like eggs or bananas, I used to ask him about it. But then, other members of the family used to intervene.

On a holiday afternoon, I asked my husband to take care of the child. He didn't mind it and rested in another room. At night, when he entered our bedroom, I asked him to sleep in the other room. I thought that he would come back after some time. But his reaction shocked me. He gathered the other members of the family and told them that I had asking him not to sleep with me.

One day I told him that I wanted to go home to give vaccination to the child. On hearing this, my husband cried aloud. I cancelled the journey on that day and went after one week. When I mentioned this incident to my father, he arranged a job for me in an unaided school. I found a new job a great as I could stay away from my husband's house. Initially, my husband used to visit me daily. Later, the visits were reduced to twice a week and finally there was only one weekly visit. I resigned from the school when the management asked me to surrender my original certificates. Subsequently, I joined a semi-govt. Hospital as Staff Nurse. My husband didn't like it. My father used to accompany me to the junction in the morning as well as evening. My parents looked after my child as my husband was not willing to take up any responsibility. If the child was sick, I had to take leave or permission from the Hospital to take her to the doctor.

I worked in this hospital for 2 months. After that I applied for the post of Domestic Nursing Instructor at Vocational Higher Secondary Education (VHSC). The school management demanded Rs.2 ¾ lakhs. My father could manage only Rs.1 ¼ lakhs. For the balance amount, I approached my father-in-law and his sister. But my husband prevented them from extending any help. However, my father-in-law managed to raise the amount required and brought it to himself. I joined the school. My husband didn't visit me for 40 days. It was my father who gave me money for day-to-day expenses. One day my father-in-law came with some money. I refused to accept the money from him and told him that if my husband did not need me, I did not want his money. My father-in-law and my husband's uncle tried to bring about reconciliation. Many people suggested that my husband and I should live together in a separate house. But my father-in-law felt that that his son was not capable taking care of a family. On the 40th day my husband came on his own.

Every month, he gave me a fixed amount of money to meet household expenses. He never asked whether it was sufficient. He continued his weekly visit but would not interfere in any matter. He became too reserved. When I asked him out for a movie or a visit to the temple, he used to scold for hours together. Now I wonder whether it was due to his inferiority complex. Frankly, I respected him and his profession. He had thorough knowledge of English. I used to translate my staff meeting report with his help. I made him participate in my academic activities, because I thought that there should be sharing between us apart from having sex.

When it was time to enrol our daughter in a school, he said he had no money. I had to take a loan for her school admission. Once she was hospitalised following incidence of fits. He didn't come. He told me that as I was staying in my home and was their responsibility to look after me and my child. But members of my family argued that I was a married woman and hence should be looked after by my husband. He didn't attend our daughter's dance programme at Guruvayur. For his brother's marriage, I had given Rs.25,000/-. When it was time for my brother's marriage, he didn't give a single paisa.

To my husband, I was only a sexual instrument. He wouldn't mind my physical ailments. I co-operated with him because I thought that if I denied him sex he might go away from me. Both of us were satisfied with our sexual relationship. He used to call me 'rati rani' (Queen of Sex).

The VHSE Department where I worked, there were 16 staff members among whom I was the only female. My father had locked our telephone on the ground saying that I was not paying my share of the telephone bills. As I found it difficult to go to the nearby telephone booth I asked my husband to buy me a mobile phone which he refused. I therefore bought a second hand mobile phone from one of my colleagues. Incoming and outgoing calls were free after 10 pm. We used to call each other. One day my brother told my colleagues that one of them telephones me daily. Later he told my husband too. He asked me to return the mobile phone. While coming back from the school, he beat me in front of others. I fell down on the road. It was unbearable for me that my husband got drunk and beat me in public. I shouted loudly that my colleague was dear to me and that I might go with him. My husband became upset. My parents and brother blamed him. Husband left home and on his way he told our neighbours and relatives that I was having an affair with one of my colleagues. Next day he drank heavily and telephoned to my school using vulgar language about me and my colleague.

My husband didn't attend school for one week due to high alcoholic consumption. When I called, he refused to take the telephone. His father and uncle tried for a compromise. I scolded them and threatened to commit suicide if they allow him to come. They started arguing that I was mad and that I needed psychiatric treatment. Husband came that evening and forced me to have sex several times daily. He began to suspect me. Whenever I returned home late, he asks me whether I was with my colleague. One day I asked him to come along with me to my school. All my colleagues promised him that the suspected colleague and I won't contact each other over the telephone. My colleague, however, stopped attending office out of a sense of shame. One day I happened to talk to him and when my husband knew about it, he became very upset and even more suspicious. My colleague's family life and mine have been thus spoiled.

GIRL FOR SALE

My name is Nafeesa. I am 39 years old. I was born in a joint family in Thavanoor in Malappuram Dist. The joint family consisted of my paternal grandfather, paternal grandmother, my parents and their paternal uncles and their wives. Soon after my birth my 'Vellippa' (paternal grandfather) died without leaving any family property. One year after my vellippa's death, my paternal uncles went to their own houses leaving us in the 'Tharavadu'.

I grew up with two brothers and two sisters. I was the eldest among them. My father who had married thrice assumed the role of a guest. He visited us frequently but did not provide any financial assistance. My mother was my father's first wife. He stayed with his second wife and had three children by that marriage. My mother was mainly responsible for running the family and she was responsible for maintaining discipline at home. At the age of 5, I started going to Madrasa and at 6, I started my schooling. In Madrasa we were taught Quran. The Usthad of the Madrasa cautioned us not to move with boys very closely. I studied only up to 9th standard, as I could not continue my studies due to financial reasons. I attained menarche at the age of 15. I was shocked to see blood in my genitalia. My mother taught me how to take care of myself at the time of menstruation. After attaining menarche I was not allowed to go out alone.

Our financial condition had been poor. My mother tried very hard to meet all our needs. She earned her livelihood by working as a maid in three homes. Many of the neighbouring girls got married at a younger age while my marriage was delayed due to financial reasons. I had a few proposals but often Rs.50,000 to 75,000 was demanded as dowry in addition to gold ornaments. My marriage was a constant worry for my mother. Soon my mother got paralysed on one side of the body. She could no longer work. When I was 18 years old my father had a marriage proposal for me from an Arabi; according to the terms of the proposal my father was to receive a tidy amount. The Arabi gave Rs.10,000 to my father and 'bought' me. People in the neighbour-hood thought that I was the luckiest girl in the world. I was very popular in our locality. Our marital life was different from that of other Muslim couples. Communication between us was kept to a minimum. It was a mixing up two different cultures and life styles. We communicated through body language. The Arabi was very kind to me and I found him lovable. A sort of intimacy thus developed between us which cannot be

described in words. He visited us on his business trips to Kerala and gave us money for our household expenses. We thus lived happily for 2 years. He brought foreign toys, baby lotion and baby foods etc for our son who was then three months old. After two years, he left Kerala for good. I never heard any news about my husband afterwards.

Meanwhile my mother expired. My father stopped visiting us. I had no financial resources. I began to work as a maid in a neighbouring house. I waited for 13 years for my husband to return and then married a man who was also separated from his wife. He was physically handicapped and did tailoring work on daily wages. I have one son and two daughters from my second marriage.

My elder son (born to the Arabi) grew up as a problem child. He did not attend the school regularly and had bad friends. He felt that he was an unwanted child. Friends and neighbours were responsible for instilling this idea in him. They called him 'Arabi son'. He was a drop out at school and did not stick to any job. He developed bad habits like cigarette smoking, alcohol abuse etc. He often took out his anger and despair on me. He tortured me physically and mentally. One day he poured kerosene on my head. Now I am fed up with the misbehaviour of my son.

Meanwhile his father, my former Arabi husband married another girl and had a daughter. My son tried to visit his father but could not. My son believes that his father would help him to get a good job abroad. My financial condition has deteriorated further. My present husband is not able to earn a decent wage as he is physically handicapped. The financial crisis has forced me to attempt suicide twice. The timely intervention of my neighbours failed the attempts. I understand that my former Arabi husband visits Kerala on and off in connection with his business. I shall hope to meet him and to live with him.

DOMESTIC VIOLENCE

I am Vaheeda. I have three elder sisters, one elder brother and a younger sister. Both my parents were religious and they insisted that we follow the traditional Muslim way of life.

At the age of 5, I began my primary school education. Apart from being a studious pupil, I was also active in co-curricular activities like dance and sports. I had represented my school in sports at district and State levels and won prizes. When I was 13 years old, my second sister and brother got married. I was very happy during those days. Slowly, I began assisting my mother in household chores.

I had my high school education at another school and I took my studies more seriously. I had lots of friends at school. I attended tuition classes during my summer vacations. From the bus stop to my house, it was 20 minutes walk. There were only a few houses on the way. One day, while coming back from the tuition class, someone came from behind and embraced me. I was scared and I turned back. It was a 19 to 20 year-old stranger. I cried aloud and people from the nearby houses came out and that man disappeared.

I could attend school only for 2 months in my 10th standard as mine as well as my third sister's marriages were fixed at this stage. I felt sad to discontinue my studies. After marriage I used to dream of attending school, writing exams and getting low marks.

I had proposals from 3 persons within 2 days and the third person married me. My husband had an elder brother, 6 younger brothers and 4 younger sisters. His elder brother was married and had 3 children. My husband's parents were very orthodox. Their main income was from agriculture.

I was very happy during the first 2 months of marriage. My husband was broadminded and he interacted freely with me. As a result, his parents thought that they were losing control over their son. They didn't allow me even to give him a cup of tea. They began to blame me without reason. There were no servants at home and I had therefore to attend to all kinds of domestic chores. As it was a large family, I had to wash too many clothes. During night I had

to weave the palm leaves. I had to work hard ceaselessly. They began to blame me on silly grounds. Slowly my husband too began to blame and suspect me.

My husband used to ask me whether I had any pre-marital affair. Actually one of my neighbours had loved me. But I was not aware of it. When his family members fixed his marriage with another girl, he disclosed everything to me. I too felt sad. But after his marriage I had only brotherly affection towards him. I told all these to my husband. Later when my husband went abroad, they met each other and became friends.

Four months after our marriage, my husband went to the Middle East. I was one month pregnant at that time. I stayed in my house during the first 5 months of my pregnancy for obvious reasons. During the 6th month, I returned to my husband's house. My husband who was abroad was not allowed to write letters to me. I delivered a male baby. Three months after the delivery, I went to my husband's house. I couldn't do the household work along with childcare. The unsympathetic attitude of my husband's parents weakened me both physically and mentally. When my child was 6 months old, I developed palpitation and fatigue. A physician who was consulted told me that anaemia was my problem and took medicines for 3 months. Later he referred me to a cardiologist. My condition, however, worsened.

When my son was one year old, my husband came home on leave. He too started blaming me for not doing the household chores. When he was abroad, one day I had to take my child to the hospital for vaccination. His younger brother accompanied me. While returning from the hospital, he misbehaved. However, I didn't inform any one at home about this incident. When I had to go to the hospital again, my husband's people asked me to go with my husband's brother. I told them about my previous experience and after that, he complained to my mother-in-law that I was going about scandalising him. When my husband came on leave, he questioned his brother about the incident and the questioning only worsened the situation. One day my husband beat me in the presence of other members of the family and pushed me down. My hands and legs became numb and I was not able to move. My husband took me to the hospital and later to my house. He requested me not to tell any of my family members about what had happened.

By the time I came back to my husband's house, I was too exhausted. I was unable to do any work. When I feel sad, I think of killing those who are blaming me or to commit suicide. In fact, once I tried to commit suicide but my husband prevented me from it. We consulted a psychiatrist at Calicut who gave me medicines for three months. When the medicines were stopped I again became symptomatic and therefore we consulted another psychiatrist at Valanchery. Gradually I began to feel better. I stayed in my house for 2 ½ years.

When my husband came on leave, he took me to his house. His parents treated me well. One of my sister-in-laws got married; my husband met all the expenses. When the marriage was over the family's attitude changed. Meantime I became pregnant for a second time and stayed in my house. My father-in-law used to write to my husband that I had extra marital relations. One day he came to my house and had an argument. My son went to school staying in his father's house. I used to bring him to my house once in a week. I delivered another male baby. Due to some misunderstanding my husband stopped writing to me and asked me not see our elder son. Later I met my elder son at my sister's daughter's marriage; he told me that he was being victimised for the strained relationship between my husband's family and myself. I became very worried and developed fatigue.

Again my husband came on leave and took me to his house. He assaulted me in the presence of his parents. He probably thought that by ill-treating me he would get their sympathy. But one day his parents asked him to leave the house.

G M H K SCHEDULE

Schedule – 1

Block - 1

Identification Particulars

District Taluk

City/Panchayat Ward

NumberHouse No. /House Name

Name of Informant

Details about visits to the household	1	2
Date (s) of Interview		
Name of Investigator		
Name of the supervisor		
Time taken		

The informant should be the Head of the household

If the head of the household is not there, the respondent should be closely related to the Head of the household

Block – 2 Information about members in the house

01	02	03	04	05	06	07	08	09	10
Serial Number	Name of Members (Permanent Members) (See instructions)	Relation with the Head of the household	Male / Female M – 1, F – 2	Date of Birth	Birth Place (Code)	Educational Status (Above 5 years) (Code)	15 Years of age or more		Remarks
							Work Status (Code)	Marital Status (Code)	
1									
2									
3									
4									
5									

Codes:

Column - 03

Head of the household
- 1

Spouse
- 2

Unmarried children

- 3

Married Children

- 4

Son-in-law/Daughter-in-law – 5

Grandchildren

-6

Father/Mother/Mother-in-law/Father-in-law

-7

Sister/Brother/Sister-in-law/Brother-in-law – 8

Other relatives

– 9

Servants and others

– 10

Column - 06

In Kerala

– 1

Outside Kerala but within

India – 2

Outside India – 3

Column - 07

Illiterate

– 1

Literate without school

education	- 2	Student	
Primary		- 10	
- 3		Column - 09	
Above upper primary but		Unmarried	- 1
below secondary		Married	- 2
- 4		Widow/Widower	-3
Above secondary but		Divorced	
without degree		-4	
- 5		Separated	-5
With degree	- 6		
Column - 08			
Employed in State			
/Central			
Govt.	-		
1			
Employed in Semi Govt.			
Aided school/college, co-			
operative /local			
administrative bodies.			
- 2		Employed in	
Private sector	- 3		
Self employment			
- 4			
Unpaid family work	-		
5			
Agricultural labour			
- 6			
Coolies in non-agri.			
Sector	- 7		
Job seekers	- 8		
Job not required			
- 9			

Subjective Well being Inventory (SUBI)

1. Do you feel your life is interesting?
 1. Very much
 2. To some extent
 3. Not so much
2. Compared with the past, do you feel your present life is:
 1. Very happy
 2. Quite happy
 3. Not so happy
3. On the whole, how happy are you with the kind of things you have been doing in recent years?
 1. Very happy
 2. Quite happy
 3. Not so happy
4. Do you think you have achieved the standard of living and the social status that you had expected?
 1. Very much
 2. To some extent
 3. Not so much
5. How do you feel about the extent to which you have achieved success and are getting ahead?
 1. Very good
 2. Quite good
 3. Not so good
6. Do you normally accomplish what you want to?
 1. Most of the time
 2. Sometimes
 3. Hardly ever
7. Do you feel you can manage situations even when they do not turn out as expected?
 1. Most of the time
 2. Sometimes
 3. Hardly ever
8. Do you feel confident that in case of a crisis (anything that substantially upsets your life situation) you will be able to cope with it/face it boldly?
 1. Very much
 2. To some extent
 3. Not so much
9. The way things are going now, do you feel confident in coping with the future?
 1. Very much
 2. To some extent
 3. Not so much

General Health Questionnaire (GHQ)

Instruction: We would like to know if you have had any medical complaints and how your health has been over the past few weeks. Please indicate the answer, which most closely applies to you. Remember that we want to know about your recent complaints, not those you had in the past.

Have you recently:

1. Been able to concentrate on whatever you're doing?
 - a. better than usual
 - b. same as usual
 - c. less than usual
 - d. much less than usual
2. Lost much sleep over worry?
 - a. Not at all
 - b. No more than usual
 - c. Rather more than usual
 - d. Much more than usual
3. Felt that you are playing a useful part in things?
 - a. More so than usual
 - b. Same as usual
 - c. Less useful than usual
 - d. Much less useful
4. Felt capable about making decisions about things?
 - a. More so than usual
 - b. Same as usual
 - c. Less capable than usual
 - d. Much less capable
5. Felt constantly under strain?
 - a. not at all
 - b. no more than usual
 - c. rather more than usual
 - d. much more than usual
6. Felt that you couldn't overcome your difficulties?
 - a. not at all
 - b. no more than usual
 - c. rather more than usual
 - d. much more than usual
7. Been able to enjoy your normal day-to-day activities?
 - a. More so than usual
 - b. Same as usual
 - c. Less so than usual
 - d. Much less than usual

8. Been able to face up to your problems?
 - a. More so than usual
 - b. Same as usual
 - c. Less able than usual
 - d. Much less useful
9. Been feeling unhappy and depressed?
 - a. Not at all
 - b. No more than usual
 - c. Rather more than usual
 - d. Much more than usual
10. Been losing confidence in yourself?
 - a. Not at all
 - b. No more than usual
 - c. Rather more than usual
 - d. Much more than usual
11. Been thinking of yourself as a worthless person?
 - a. Not at all
 - b. No more than usual
 - c. Rather more than usual
 - d. Much more than usual
12. Been feeling reasonably happy, all things considered?
 - a. More so than usual
 - b. About same as usual
 - c. Less so than usual
 - d. Much less than usual

Stress Factors: **A = in Past 6 months** **B = Before 6 months**

SECTION A

1. FINANCIAL

I-I Have you had any financial worries recently ? (in the past six Months Check in column A, before six months Check in column B)

	A	B
If yes, What kind?		
a) Dowry and marriage expenses.	A	B
b) Education of Children.	A	B
c) Securing employment, Starting Business.	A	B
d) Insufficient and or irregular income.	A	B
e) Illness and Hospital related expenses.	A	B
f) House construction.	A	B
g) Debts	A	B
h) Any Other	A	B

II. HEALTH

Have you had any Health related worries recently? In the past?

	A	B
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III. WORKLOAD

Have you had any worries related to your work load? A B

If yes, What kind?

a) Routine house work (Cleaning, Cooking, Washing etc.)	A	B
b) Caring for sick or elderly.	A	B
c) Managing house work and outside job.	A	B
d) Supervising Children's education.	A	B
e) Excessive (non domestic) work load.	A	B
f) Any other.	A	B

IV. EMPLOYMENT

Have you had any worries related to employment recently? A B

V. FUTURE

Have you been quite worried about the future recently?	A	B
If yes,		
a) Spouse future	A	B
b) Son's future	A	B
c) Daughter's future	A	B
d) Income Security	A	B
e) Health	A	B
f) Aging	A	B
g) Children's Education	A	B
h) Any other	A	B

VI. ADDICTION

Have you been worried about Alcohol or Drug habits in yourself?	A	B
Have you been worried about Alcohol or Drug habits in any one of the family?	A	B

VII. RELATIONSHIP

Have you been upset about some problems in your relationship to someone?		
If yes,	A	B
a) Spouse	A	B
b) Mother-in-law & Daughter-in-Law	A	B
c) Parent – Child	A	B
d) Sibling	A	B
e) Extended Kin	A	B
f) Neighbours	A	B
g) Work Colleagues, boss	A	B
h) Any other	A	B

VIII. VIOLENCE

I. Have you experienced Psychological or Physical violence recently? In the past ?

A B

If yes, at whose hands

	Psych	Physical	Psych	Physical
a) Spouse	Psych	Physical	Psych	Physical
b) Female in law	Psych	Physical	Psych	Physical
c) Male in law	Psych	Physical	Psych	Physical
d) Mother	Psych	Physical	Psych	Physical
e) Father	Psych	Physical	Psych	Physical
f) Brother	Psych	Physical	Psych	Physical
g) Son	Psych	Physical	Psych	Physical
h) Extended Kin	Psych	Physical	Psych	Physical
i) Neighbour or fellow villagers	Psych	Physical	Psych	Physical
j) Work colleagues, boss	Psych	Physical	Psych	Physical
k) Any other	Psych	Physical	Psych	Physical

VIII-2. If yes, what sorts of things have led to the violence.

a) Not doing household work properly	A	B
b) Alcohol	A	B
c) Dowry	A	B
d) Money matters	A	B
e) Suspicious about Character, Infidelity	A	B
f) Disobedience or disrespect to spouse or elders	A	B
g) Refusing to have sex	A	B
h) Property dispute	A	B
i) Any other	A	B

VIII-3. THREAT OF VIOLENCE

a) Do you worry about being sexually harassed (eve-teasing) when you go out? Yes No

IX. DECISION MAKING (Ask only to women)

Does any of the following situations upset you?	Yes	No
---	-----	----

Not being allowed to make decisions on

- | | | |
|--|-----|----|
| a) Property matters | Yes | No |
| b) To make decisions on when and how many children to have | Yes | No |
| c) To participate in community based group activities | Yes | No |

X. MIGRATION

Does any of the situation upset you? (only for those affected by emigration)

- | | | |
|---|---|---|
| a) Feeling lonely without spouse. | A | B |
| b) Not having adult male in house. | A | B |
| c) Having to make decisions on one's own. | A | B |
| d) Having to take on unaccustomed tasks and responsibilities. | A | B |
| e) Being controlled too much by in laws. | A | B |
| f) Being vulnerable to gossip. | A | B |
| g) Being vulnerable to improper advances of men. | A | B |
| h) Separation from parents. | A | B |
| i) Jealousy. | A | B |
| j) Handling large amount of money. | A | B |

SECTION B

GENDER IDEOLOGY : Answer 'Yes' or 'No'

- | | | |
|---|-----|----|
| 1. Do you believe that women should not go for outside employment a far as possible? | Yes | No |
| 2. Do you think it is shameful if wife earns more than husband? | Yes | No |
| 3. Do you think that it is shameful for a man to do work like sweeping the floor or washing vessels? | Yes | No |
| 4. Even under conditions of severe financial stress, do you think that there are some jobs that a woman may take up but a man should not? (Eg:-menial work) | Yes | No |
| 5. Do you believe that girls should be brought up to be submissive and modest but boys need not? | Yes | No |
| a) Do you think that girls or women who are outspoken or assertive should be disciplined to behave ? | Yes | No |
| b) Do you think boys or men who are outspoken or assertive should be disciplined to behave ? | Yes | No |
| 6. Do you think a man has the right to beat his wife but a woman has not | Yes | No |
| 7. a) Do you think women should always obey men in the family? | Yes | No |
| b) Do you think men are superior to women? | Yes | No |
| 8. If you were to have only one child would you rather have a son? | Yes | No |
| 9. Do you think that if you do not have daughter the family would be incomplete? | Yes | No |
| 10. Do you think that a man loses respect in the community if his wife or daughter moves about freely outside the home? | Yes | No |
| 11. Do you think that a woman or girl who goes out alone after dark is herself to be blamed if she gets molested. | Yes | No |
| 12. Do you think that a girl or woman who moves about freely outside the house is most likely to be a loose woman. | Yes | No |

Note: The above 12 items are worded so that a positive response is in the direction of a gender ideology that is based against women's status and freedom. May be helpful when statistical analysis is done.

13. Do you think women should leave the final decision to men about
- | | | |
|--|-----|----|
| a) Property matters | Yes | No |
| b) How many children to have and when | Yes | No |
| c) Women's participation in community groups of various kind | Yes | No |
14. Who are the women who do not get respect in the community?
(Mark the items which you agree with)
- a) Those who do not carry out their domestic chores satisfactorily.
 - b) Those who are immodest (talk too much, talk boldly, move about freely)
 - c) Those who do not obey their husbands
 - d) Those who are of bad character
 - e) Those who are spinsters
 - f) Those who are childless
 - g) Those who have no sons
 - h) Those who have been sexually assaulted
 - i) Those who are beaten by their husbands
 - j) Those who take up outside employment
15. Who are the men who do not get respect in the community?
(Mark the items which you agree with)
- a) Those who drink too much
 - b) Those who do not care for their families
 - c) Those who beat their wives
 - d) Those who cannot control their wives
 - e) Those whose wives/daughters are thought to be of loose character.
 - f) Those whose wives/ daughters are in outside employment.
 - g) Those whose wives /daughters move about freely
 - h) Those who have no sons
 - i) Those who have no children
 - j) Those who do household work
 - k) Those who are not virile