Impact of gender on health of Indian women and Role of Education

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Abstract

The health of Indian women is linked to their status in society. Research into Indian women’s status has found that their family contributions are often overlooked. This attitude has a negative impact on their health status. Poor health has repercussions not only for women, but also for their children and other family members. The success of development of any country is dependent on various factors like improved literacy rate, sustainable socio-economic status, women’s empowerment, better health care and other human resource indicators. It is much desirable to make reproductive health care accessible and affordable, extending basic amenities, empowering women and enhancing their employment opportunities. This paper mainly focuses on issues related to health of women in India.

Key words: Women, India, Health, Education.

Introduction

“You can tell the condition of a nation by looking at the status of its women.” Jawaharlal Nehru. It is well known that India treats its women badly. The World Economic Forum (WEF) measuring gender equality around the world has placed India at the bottom, at the 113th position out of 130 countries. This ranking is based on how much progress the nations have made in the
areas of jobs, education, politics and health as a measure of gender parity. While India has scored remarkably well in the area of political empowerment - owing, perhaps, to reservations for women in village Panchayats - in the areas of economic participation and health and survival, Indian women are worse off than all of the counterparts. Particularly, the significant is the abysmal ranking India has achieved in the health and survival category.

**Health issues related to reproduction**

India has 16% of the world’s population but only 2.4% of its landmass, resulting in great pressures for resources. It is a country where 70% of the population resides in a rural area and males significantly outnumber females, an imbalance that has increased over time. Indian women have high mortality rates, particularly during childhood and in their reproductive years. India’s maternal mortality rates in rural areas are among the world’s highest. From a global perspective, India accounts for 19% of all live births and 27% of all maternal deaths. The health of Indian women is intrinsically linked to their status in society, especially for those living in a rural area. Research into women’s status in society has found that the contributions Indian women make to families are often overlooked. Instead they are often regarded as economic burdens and this view is common in rural areas of the northern belt. There is a strong preference for sons in India because they are expected to care for ageing parents. This son preference and high dowry costs for daughters results in the mistreatment of daughters. Indeed, Indian women have low levels of both education and formal labor-force participation. They typically have little autonomy, living first under the control of their fathers, then their husbands, and finally their sons.

The above factors have a negative impact on the health status of Indian women. Poor health has repercussions not only for women, but also their families. Women in poor health are more likely to give birth to low weight infants. They are less likely to be able to provide food and adequate care for their children. Finally, a woman’s health affects the household’s economic wellbeing because a woman in poor health will be less productive in the labor force. In rural areas where women are less educated and economically deprived, their health condition is worse.(Table 1)
TABLE: 1
Social indicators of Indian Women compared with other countries

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Location</th>
<th>India</th>
<th>World</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality (per 100000 live births)</td>
<td></td>
<td>570</td>
<td>430</td>
<td>140</td>
</tr>
<tr>
<td>Female literacy (%)</td>
<td></td>
<td>58</td>
<td>77.6</td>
<td>90.2</td>
</tr>
<tr>
<td>Income earned by females (%)</td>
<td></td>
<td>26</td>
<td>58</td>
<td>53.5</td>
</tr>
<tr>
<td>Low birth weight babies (%)</td>
<td></td>
<td>33</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Underweight Children (%)</td>
<td></td>
<td>53</td>
<td>30</td>
<td>38</td>
</tr>
</tbody>
</table>

Health issues related to gender bias

Gender based disparity includes any kind of verbal or physical force, life threatening deprivation, directed at an individual, girl or woman. This deprivation may cause the physical or psychological harm, humiliation or deprivation.

Gender is socially learned behavior associated with men and women with the expectations. In the Indian society, different roles are ascribed to two sexes. The expected behavior from each sex is different and there is discrimination in vesting power and control in the family and community. Men and women do not enjoy equal opportunities in decision making and they do not have equal access to and control over various kinds of resources in the family. Women’s opinions are seldom valued even in the matters of pregnancy, abortion, delivery, contraception, etc. Repeated child births and abortions often bring in adverse consequences.

This subordinate status of women in the Indian society deeply influences their health status. Excessive emphasis on one biological aspect (child bearing) leads to early marriage, repeated pregnancies, abortions (preference to male child) and reproductive problems are compounded. Added to this, lack of adequate nutrition – partly due to poverty and partly due to lack of freedom – limited or no opportunity to rest and relax further aggravates women’s reproductive health. Gender inequality in every domain of life is setting back the achievement of the Millennium Development Goals (MDGs). A thorough commitment to accountability towards
women alone holds the key to realizing these goals. Unless gender equality becomes a standard against which all public decisions and outcomes are gauged, accountability to women cannot be ensured. Women should get their due in politics and governance, in access to public services, in economic opportunities, justice, and even in the distribution of assistance for development and security. Achieving gender equity in health implies eliminating unnecessary, avoidable and unjust health inequalities between men and women.

The child sex ratio shows a negative trend and causes serious concern to anthropologists, population scientists, policy makers and planners. Low sex ratio trend in India is due to large scale practice of female feticide. Female feticide or sex selective abortion is the elimination of the female fetus in the womb itself. The decline in child sex ratio may be due to different factors such as neglect of female children resulting in their higher mortality at younger ages, female infanticide and female feticide. Female feticide refers to a practice where the female fetuses are selectively eliminated after prenatal sex determination, thus, avoiding the birth of girls. High incidence of induced abortion and the sharp decline in the child sex ratio clearly proves the practice of female feticide.

Factors Responsible for Female Feticide

- The obsession to have a son
- The discrimination against the girl child
- The socio-economic and physical insecurity of women
- The evil of dowry prevalent in the society
- The worry about getting girls married due to the stigma attached to being an unmarried woman
- Easily accessible and affordable procedure for sex determination during pregnancy
- Failure of medical ethics
- The two-child norm policy of the Government

Implications of Declining Sex Ratio in the Population

- Decreasing number of females in the society likely to increase sex related crimes against women
- Lead to increase in social problems like rape, abduction, bride selling, forced polyandry, etc.
• There will be increase of prostitution, sexual exploitation and increase in cases of STD and HIV/AIDS
• Growth in crime against women and cause various physical, physiological and psychological disorders in women
• Health of women is affected as she is forced to go for repeated pregnancies and abortions.

**Education and Empowerment of Women**

To ensure gender equality and empowerment of women in terms of educational parity should be within reach. But to replicate this in political representation and employment is still a distant reality. Greater political representation of women ensures a greater silence of women’s issues in policy making. However, at the present rate of increase, it will take 40 years for women in developing countries to reach the parity zone of 40 to 60 per cent of seats in assemblies and in the parliament of the country.

The National Population Policy (NPP) 2000 and Reproductive and Child Health (RCH) program in India has reflected a paradigm shift from earlier demographically driven target oriented coercive policy to emphasis on human development, gender equality, adolescent reproductive health and rights, and development of issues related to stabilizing Indian population. Early marriage has adverse effects on the health of mother and child. The high rate of maternal, neonatal infant and child deaths are positively associated with early marriages 4. Female education and raising investment on adolescents’ social and economic prospects, and enhancing their self esteem can do a lot of improvement in their health, nutrition and development.

**Towards Development**

Curving population growth is not a goal; it is only a mean to development. The success of development of women is dependent on various factors like improved literacy rate, socio-economic status, empowerment, better health care and other human resource indicators. It is much desirable to make reproductive health care accessible and affordable to all, as of increasing the provision and outreach of primary and secondary education, extending basic amenities, empowering women and enhancing their employment opportunities.

A country’s productivity, economy and health increase as the gender gap narrows down. Investment in public health care and education are essential. Until we put more of our girl
children in school - the female to male enrolment ratio in secondary education is a dismal 0.79 - we can forget about progress. As long as Indian society continues to regard women as essentially appendages to men in a patriarchal society, we will find it difficult to achieve the global power status to which we so aspire.

References