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Women's Health in India: an Overview

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Abstract

Women constituting around half of the population play a distinct role in the development of our nation. As a mother, she shapes the personality and character of her children and thereby the character of the nation. As a housewife, she maintains the productivity of the human capital within her household through proper home management. Apart from this, a woman herself represents a unit of human capital and is therefore capable of contributing to the economy of the nation. Thus, unless women are mobilized towards contributing to the national development and growth, the nation is only half way towards development. It is a fact that women cannot contribute meaningfully in the process of development, until their own development is taken care of. Though, women in the urban areas have excelled in all fields-political, social and economic the rural counterparts are denied even the basic amenities like health and education. This paper discussed about the health of women in relation to her and food, Concept of Health and Concept of Nutrition and different theoretical approaches to understand gender discrimination.

Key Words: *Health, Nutrition, Food, Gender, Rural*

Introduction:

Women, the word sounds so powerful. Since eternity, women have played a role more important than men and that is no exaggeration. The world would not have been the same lovely adorable and livable place without wonderful contribution so selflessly made by women. It has been said that, you teach a female and you build up a nation and truth can't be closer than that. Women have always carried the burden of being a wife, mother, sister all on their own and we need not to explain how magnificently they have carried this position.

Men and women complement each other. If men were supposed to handle outside stuff then women were more responsible for internal affairs. The only difference in this notion is, today women are equally competent behind the veils and outside world. They are more confident and one can find them in every possible sphere· of human's life. No male bastion is untouched by females and that's a wonderful sign of strides made by women. Urban women in India always had more advantages and opportunities than women residing in rural places. Better education, better economic resources, and more availability of required things for urban women and yet rural women have made rapid improvements despite lacking in basic facilities. We have yet to attain the state of complete women empowerment but signs of gradual improvement are definitely there. India in last few decades has remained more of a male-dominated society.

Women used to command acute power and importance in our ancient culture. The proof of this fact can be found in all the scriptures and even our mythological stories. We worship Goddess Durga, Lakshmi, Saraswati and many others. That shows how Indian civilization had revered the female. However, things have not remained the same in the recent past. The social fabric has acquired completely new dimensions. The women are considered less powerful and important than men, yet situation is not entirely bleak. Thanks to the efforts of government, NGOs, social welfare organizations and many such institutions, there has been a drastic improvement. Many private corporate bodies have also taken a keen interest in improving the economic status of women and the results are extremely encouraging. Pandit Jawaharlal Nehru had once said, "You can tell the condition of a nation by looking at the status of its women". How true! We completely subscribe to this belief and steps are on its way to further improve the condition of rural women in India.

However much a mother may love her children, it is all but impossible for her to provide high-quality child care, if she herself is poor and oppressed, illiterate uninformed, anaemic and unhealthy, and has five or six other children, lives in a slum or shanty, has neither clean water nor safe sanitation, and is without the necessary support either from health services, or from her society, or from the father of her children.- Vulimiri Ramalingaswami, "The Asian Enigma"

The persistence of hunger and abject poverty in India and other parts of the world is due in large measure to the subjugation, marginalization and disempowerment of women. Women suffer from hunger and poverty in greater numbers and to a great degree than men. At the same time, it is women who bear the primary responsibility for actions needed to end hunger and improve education, nutrition, health and family income. The Indian constitution grants women equal rights with men, but strong patriarchal traditions persist, with women's lives shaped by customs that are centuries old. In most Indian families, a daughter is viewed as a liability, and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolized and celebrated. May you be the mother of a hundred sons is a common Hindu wedding blessing. The origin of the Indian idea of appropriate female behavior can be traced to the rules laid down by Manu in 200 B.C.: "by a young girl, by a young woman, or even by an aged one, nothing must be done independently, even in her own house". "In childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent".

Concept of Health:

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well being and not merely absence of disease or infirmity. This definition was accepted by all the signatories to the Alma-Ata Declaration on health adopted by the thirty-first Word Health Assembly in 1978. This declaration gave the call of 'Health for All by 2000 AD' and accepted that Primary Health Care was a key to attaining this goal. Health systems are too often being devised outside the mainstream of social and economic development. These systems frequently restrict themselves to medical care, although industrialization and deliberate alteration of the environment are creating health problems whose proper control lies far beyond the

scope of medical care (Tejada-de Rivero: 1981)[1]. Health is thus not only about disease and medical care system but also about the environment around us, which influences the mental and physical state of a person. It is multidimensional phenomenon (Hema and Muraleedharan: 1983)[2]. The 'basic needs approach' considers health as a basic needs along with food, clothing, shelter and education starting from pious, basic needs approach is utilitarian, "because fulfillment" of basic needs "contributes to utility" (Sen: 1985).[3] Many subsequent researches also have built on the concept of health as a utility. For example, World Development Report 1993 considers good health as an input for increasing productivity, leading to economic growth. The National Council of Applied Economic Research considers health status as "an important indicator of the level of economic development" and it includes mainly mortality and morbidity (NCAR: 1992). However disagrees with this utilitarian approach. He argues that, the "value of the living standard lies in the living" and better health living and not on instrument for better living (Sen: 1985).[3]

Concept of Nutrition:

Nutrition is the science that deals with all the factors related to food and the way in proper nourishment is brought about. The intake food and supplements in the body is utilized for maintaining health and energy. This is made possible with the basic nutrients available in the food. The good food mainly consists of macronutrients which includes water, fats and proteins whereas the micronutrients include vitamins and minerals. All these are very essential factors for normal functioning of the body. The average nutritional requirement for different groups of people entirely depends on age, sex height, weight and degree of activity and rate of growth. Food taken in any form either solid or liquid supplies the body a means to produce energy of any from. The available nutrition in the food promotes growth, maintenance of the body. Proper nutrition is only possible when the diet taken is balanced and the food consumed has all the basic nutrients (Indian women health. Com Nat ration on line net: 2011).

Malnutrition is another serious health concern that Indian women face. Although, malnutrition in India is found among all segments of the population, poor nutrition among women in childhood continues throughout their lives without full physical development. According to the NFHS-3 Survey, mother's education plays a significant role in deciding the level of malnutrition among her children women. Malnutrition among women is further exacerbated or compounded by heavy work demands, nutritional needs, eventually culminating into increased susceptibility to illness and consequent higher mortality.

Health of Indian Rural Women:

India, with a population of 1,21,01,93,422 is the world's second most populous country out of which female population is 58,64,69,174 and that of male is 62,37,24, 248 (Census of India: 2011). India has 16 percent of the world's population, but only has 2.4 percent of its land, resulting in great pressures on its natural resources. Over 70 percent ofIndia's population currently derives their livelihood from land resources, which includes 84 per cent of the economically active women. India is one of the few countries where males significantly outnumber females, and this imbalance has increased over time.

India's maternal mortality rates in rural areas are among the world's highest. From a global perspective, Indian accounts for 19 percent of all lives births and 27 percent of all maternal deaths (Dasgupta: 2006).[4] There seems to be a consensus that higher female mortality between ages one and five and high maternal mortality rates result in a deficit of females in the population. Chatterjee (1989)[5] estimates that deaths of young girls in India exceed those of young boys by over 300,000 each year and every sixth infant death is specifically due to gender discrimination. Of the 15 million baby girls born in India each year, nearly 25 percent will not live to see their 151th birthday.

"Although India was the first country to announce an official family planning programme in 1952, its population grew from 361 million in 1951 to 844 million on 1991. India's total fertility rate of 3.8 births per woman can be considered moderate by world standards, but the sheer magnitude of population increase has resulted in such a feeling of urgency that containment of population growth is listed as one of the six most important objectives in the Eighth Five-Year Plan (Dasgupta: 2006). Since 1970, the use of modern contraceptive methods has risen from 10 percent to 40 percent, with great variance between northern and southern India. The most striking aspect of contraceptive use in India is the predominance of sterilization, which accounts for more than 85 percent of total modem contraception use, with female sterilization accounting for 90 percent of all sterilizations.

Rural women in India is among the most disadvantaged people in the world in terms of their health status and access to accurate and appropriate health information and comprehensive, adequate and affordable health services (Racheral: 2006)[6] Sexual and reproductive health is a particular concern for rural women, as a host of social, cultural, political, and economic factors increase rural women's vulnerabilities to pregnancy- and childbirth-related deaths and disabilities, unsafe abortion, HIV/AIDS, and reproductive cancers. Closely related to this, are the personal, relational and institutional barriers to rural women achieving their fundamental sexual and reproductive rights, their right to exercise control over their bodies and sexual and reproductive lives, which encompasses their right to decide upon such issues as contraception, marriage and abortion (Soloman, et al: 1998).[7] Further, their overall health status is diminished by the lives they are forced to lead- lives that pivot around the harsh realities of malnutrition, illness, injury, and fatigue, frequently the consequence of long hours of demanding physical labour in unhygienic and dangerous conditions; the strains of childbirth and caring for multiple children; and not having enough to eat, which is often the result of more and better food going to male household run real women given their unmet need for contraception, poetry, proximity from clinics, and limited education, are vulnerable to using services that are not safe. Restrictive national abortion laws, such as also compound this vulnerability, making access to safe abortion services virtually impossible.

In India, for example, according to the Ministry of Health and Family Welfare (1999), only 538,000 out of the estimated 6.7 million pregnancy terminations occurring annually are performed by registered providers in licensed facilities. Rural women in India, lacking in resources and knowledge of the law, are less likely than their urban counterparts to have a safe abortion. Although data is limited in India, approximately 20,000 deaths (about 18 per cent of all pregnancy-and childbirth-related deaths) are believed to be related to unsafe abortions, with most occurring among the poor, rural women. Uttar Pradesh, with an estimated 68 induced abortion per 1,000 married women of reproductive age per year, is a state that has one of the country's highest incidences of abortion,

reflecting the fact that only 18 per cent of rural married women of reproductive age use modern contraception (Ganatra & Rao: 1998).[8]

Women and Food:

The sex bias in nutrition or the male against female infants, girls and women, has been brought out by several studies. Girls enter into marriage and motherhood from their pre-existing malnutrition and impair their health from pre-existing malnutrition and impair their health. C\lltural traditions of intra-family distribution of food rooted in rural areas compel women to eat least and often eat last both in quantity and quality. While the low nutrient intake may help to maintain her own health and nutritional status, such as it may be the demands on the body during pregnancy and lactation drastically deplete her already scarce reserves leading to entrenche-deficiencies and ill health. This is equally true in urban as well as rural areas. Economic betterment has been a tremendous capacity for improving the health, in fact much more than the advancement of medical sciences. It is not only the intake of food, but also the norms of eating that are also important for good health (Nagla: 1999).[9]

In terms of allocation of food, between adults and children are in normal circumstances both fair in terms of relative requirements, and rational in terms of welfare and survival of the family unit. Abudullah found seasonal changes in individual food consumption, with the reduction suffered by children being given less in proportion to their requirements than those of adults (Abdullah: 1983). Preferential allocation of food to male adults may be rational where financial returns, in terms of higher wages, of improved nutrition male, far outweigh those women. A study of rural households in South India found the returns to improved nutrition of men in terms of higher wages to be greater than those for women.

The frequent failure of special nutrition Programme aimed at nutritionapy vulnerable groups such as pre-school children and pregnant and lactating women may be a result of the diversion of added food supplies to male household members in order to generate increased wage income. In Devarishikuppam, in South India, men are usually served first and when they have eaten the children are given food followed by the women (Gulati: 1981).[10] Food and health are intimately bound up in local culture. According to local beliefs, one of the most common causes of diseases is the consumption of the wrong type of food. Women's health and nutritional status is inextricably bound up with social, cultural, and economic factors that influence all aspects of their lives, and it has consequences not for the women themselves but also for the well-being of their children (particularly females), the functioning of household, and the distribution of rescuers.

Women and Nutrition:

From the nutritional standpoint, India is a dual society consisting of a small group of well-fed people, and a very large proportion of malnourished and undernourished people. Malnutrition is particularly severe among women and children, especially in the lower classes. 1 to 2 per cent of children below five years are estimated to suffer from protein-energy malnutrition. Iron deficiency i.e., anemia is seen in almost 50 per cent of children below the age of five years, and in 30-43 per cent of women during the age their reproductive period of life. A

vitaminoses, particularly exophthalmia leading to blindness and endemic goiter are among the important nutritional problems in the country (Census of India: 1981).

Poor nutrition is not only food and poverty problem but also socio-cultural problem of women in Indian society. It cannot be denied that poverty is major causes of malnutrition and under-nourishment of women. Moreover, it's more unfavorable socio-cultural values operating against women in distribution of food. Optimum standard of nutrition is determined on the basis of body weight, sex climate, and nature of the work performed. More than half of the women in India do not get the recommended dietary intake of nutrients (Kulkarni: Mimeo undated). Generally, the poor nutritional status of Indian girls and women is part of a vicious cycle that has particularly devastating consequences for pregnant and lactating women and their infants. Malnourished women were more likely to give birth to low-birth weight babies, and if the under-weight baby is a female who survives, she in Tums likely to continue to be under-nourished throughout her childhood, adolescence, and adult life. This lack of nourishment has detrimental effects on her reproductive and lactating capacities.

Nutritional deprivation has two major consequences for women: they never reach their full growth potential and are anemic. Both are risk factors in pregnancy, with anemia raging from 40-50 per cent in urban area to 50-70 percent in rural area. This condition complicates childbearing and result in maternal and infant deaths, and low birth weight infants. One study found anemia in over 95 percent of girls ages 6- I 4 in Calcutta, around 67 percent in the Hyderabad area, 73 percent in the New Delhi area, and about 18 percent in the Madras area. This study states, "The prevalence of anemia among women ages 15-24 and 25-44 years follows similar patterns and levels. Besides posing risks during pregnancy, anemia increases women's susceptibility to diseases such as tuberculosis and reduces the energy women have available for daily activities such as household chores, child care, and agricultural labor. Any severely anemic individual is taxed by most physical activities including walking at an ordinary pace.

Conclusion:

Health status is an important indicator of the level of economic development and it includes mainly mortality and morbidity. Nutrition is the intake of food and supplements in the body which is utilized for maintaining health and energy. Theory of Cultural Dualism relate Women as a culturally constructed gender category rather than simply a biologically sex category. Develomentalism Perspective focuses worldwide attention on the need for intensified action to ensure the full integration of women in the development process. Marxian perspective relate to physical differences between a men and women and in the process the wife's role including the nurturing gets subordinated while the economic functions of man is defined as superior and super-ordinate, and boys and girls are socialized to fulfill the roles. Perspective of Patriarchy relates to show the origin of subordination of women by men, and based on locating determination of women's subordination analytically.

Health care system in India found a concern in ancient India and evolved through ages with many ups and downs. Indian systems of medicine like Ayurveda and Siddha were added with Unani system during Muslim period and then with European Allopathy system during the British rule. India became a sovereign independent

state and the health infrastructure was not available at that time to the masses. After independence various health infrastructures, health manpower and focus to specific priority areas were planned and implemented on recommendations of various review committees through the different five year plans. Strategies for epidemic and emerging diseases are of major concern. Women, though most important in society, are largely ignored especially in rural India for their health concerns.

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