
Issues and Concerns of Women Health in India

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Abstract: *The international concern with gender relations in development has strengthened the affirmation that equality in the status of men and women, and empowerment of women is fundamental to every society. Nowadays no developing country or society can afford to ignore the role of women, if they are to progress. The gender issue has gained great significance after the UN declaration of 1975 as International Women's Year. In 1995, the Fourth World Conference on Women in Beijing expanded the focus and included in its action plan, various issues related to woman like human rights and women, **women and health**, education and training of women, women and economy, women in power and decision making, institutional mechanism for empowerment, the concern of the girl child etc. Health is one of the important indicators to trace the level of gender equality and gender gap. There are various issues related women health in India. Women's health is affected not just by their biology, but also by their social conditions, such as poverty, employment, and family responsibilities. In India the health status of women can be examined on the basis of multiple indicators, which vary by socio-economic standing, geography and culture. Now, central and state government have taken much concerns to improve women's health status and formulated various women health programmes. The government of Karnataka had also enacted many programmes for women health development. With this background the present research article made an effort to focus social issues and problems affecting women health and tried to trace the concern of Government to improve health conditions of women with special reference to Karnataka state.*

Keywords: *Health, Women, Gender, Government, Programmes.*

1. INTRODUCTION

Nowadays it was widely accepted that Development and Empowerment of Women is development and empowerment of family and in turn development of Nation. Women are a significant part of all-round development of society and economy. The development of women as the human resource of the country has been recognized as a crucial factor in the progress of society and economic development. Health of the women is one of the important issues in the present globalised world. Monograph on "The Status of Women in Karnataka" (p.49) pointed out that health is one of the most important indicators of wellbeing. Much attention has been paid in recent years to improving the health conditions of people in general and women, in particular.

Health

Health is the precious possession of all human being as it is an asset for an individual and community as well. Healthy individual or community can carry out daily living activities and life enriching goal. World Health Organization, 1948 states that health is positive concept emphasizing social and personal resources as well as physical capacities. WHO defined "Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity?". The Declaration of Alma -Ata was adopted at the International Conference on Primary Health Care, 6-12 September 1978. It expressed the need for urgent action by all Governments, all health and development workers and the world community to protect and promote the health of all people. Since then the primary health care approach has been accepted by members of the World Health Organisation (WHO) as the key to achieving the goal of "Health for All" .

Health in India

India, being a signatory to the **Alma-Ata Declaration** has restructured and strengthened the primary health care delivery system. It has to reach the goal of "**Health for all by the year 2015**" ,through the National Health Policy which was unanimously endorsed by the nation in 1983. The national health policy accord high priority to maternal

health programmes. The health interventions are significant not only in preserving the health of the mother and children, but also the socio-cultural factors.

Women Health:

The health issue of women has been taken up by many feminists, Governments, National and International organizations and Non-governmental Organizations. Some health and medical research advocates, particularly the Society for Women's Health Research in the United States, define women's health more broadly than issues specific to human female anatomy to include areas where biological sex differences between women and men exist. Women's health is affected not just by their biology, but also by their social conditions, such as poverty, employment, and family responsibilities.

Women Health in India:

Health of an individual may be affected by a number of factors. Specially women's health is affected by biological differences from man and also determined by gender based social, cultural and economic inequalities. In India women's health intrinsically linked to their social status in society. Forced or early marriage, sexual assault, and hard labour, low wages, poor domestic care during pregnancy and child birth etc, are associated with women's health. Further depression, anxiety, disorder, family stress, lack of health facilities and such other factors directly or indirectly exert a negative impact on the health status of Indian women.

Balarajan, Y; Selvaraj, S et al. (2011). "Health Care And Equity in India" opines that Gender is one of many social determinants of health—which include social, economic, and political factors—that play a major role in the health outcomes of women in India. Therefore, the high level of gender inequality in India negatively impacts the health of women. Naturally women need better health care and attention. But in India there are gender differentials in health care and nutritional status leading to gender inequality. India did not perform too well in the health and survival pillar either, where it is ranked 141 – the fourth-lowest in the world. India was ranked low at 108th position out of 144 countries in Global Gender Gap Index 2017. The health of Indian women is gender-related concerns which manifest in demographic, nutritional, educational and other indicators. Therefore this study analysed various issues of women health and concerns of Government to reduce gender gap in health.

Objectives of the Study:

The proposed research has been taken with the following objectives:

- To analyze the main issues influencing women's health in India
- To understand the socio-cultural context of health issues of women,
- To understand the concerns of Government in providing healthcare services to women
- To know the perception and attitude of women towards their health care and nutritious foods,
- To find out some solutions to lessen or eradicate gender gap in health,

2. METHODOLOGY

1. Universe of the Study

The universe chosen for the proposed study is Karnataka state.

2. Method of Data Collection

This paper is based on the study conducted through **Focused Group Discussion (FGD) and Secondary sources**. Data has been collected through group discussion with members of Self Help Groups, degree and Postgraduate students. Data is also collected from the Government officials, who particularly involved in implementing government programs to women at various stages of the study. **Secondary data** is gathered from various sources such as reports of National Family Health Survey-4 Report of 2015-2016 magazines and news papers and government web sites etc.

Importance of the Research:

As nowadays concept of women and development is being given more importance, at the present situation there is a necessity of study of health issues of women. Therefore this study helps to trace out various issues which hinder the health promotion of women in Indian Society. At the theoretical level the investigation will help to get conceptual clarification of various things such as women health, social determinants of women health, gender gap in health, nutritional status etc.

At the practical level the present research-study would help in understanding the cumulative impact of a number of dependent and independent variables such as traditional social determinants, Governmental programmes, new social identity, education etc., on improvement in women health. It will also verify the role of political interventions in improving health conditions of women and accessibility of health services to women. It will provide state administration and policy makers to look at women health issues in new directions. Thus present article is justifiable from the theoretical as well as practical point of view.

3. ISSUES OF WOMEN HEALTH

The related focused issues are discussed in depth and various problems in women health were identified, which are listed as below-

1. Gender Inequality in health care:

Gender inequalities are directly related to poor health outcomes for women. Numerous studies have found that the rates of admission to hospitals vary dramatically with gender, with men visiting hospitals more frequently than women. Differential access to healthcare occurs because women typically are entitled to a lower share of household resources and thus utilise healthcare resources to a lesser degree than men. Amartya Sen has attributed access to fewer household resources to their weaker bargaining power within the household. They experience discrimination in food, house hold and health services. Boy is breast fed longer than girls. Boys who are ill receive better medical treatment than the girls.

2. Gender bias in access to healthcare:

Gender discrimination begins before birth. Female children are the most commonly aborted sex in India. Due to her family's preference for a son, the mother's pregnancy can be a stressful experience. Once born, daughters are prone to being fed less than sons, especially when there are multiple girls already in the household. As women mature into adulthood, many of the barriers preventing them from achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in the rural and poverty-affected areas.

3. Education:

The important variables which have significant influence on the utilization of modern health services are- education of husband as well as education of wife, economic condition etc. Indian women have low levels of both education and formal labor force participation. Girls are supposed to fulfill domestic duties and education becomes secondary for them whereas it is considered to be important for boys. The people of villages consider girls to be curse and they do not want to waste money and time on them as they think that women should be wedded off as soon as possible. The other reasons for not sending girls to school are the poor economic condition and far off location of schools. According to Census report of 2011 male literacy of Karnataka State stands at 82.47 percent, while female literacy rate is at 68.08 percent. The following table-1 also shows the gender disparity in the literacy rate-

Table 1: *The Level of Literacy (age 15-49)-*

Characteristics	Urban%	Rural	Total
Women who are Literate	81.8	63.8	71.7
Men who are Literate	90.0	81.2	85.1
Women with 10 or more years of schooling	58.9	35.1	45.5

Source: *National Family Health Survey-4 Report of 2015-2016*

4. Home Environment:

There may be gendered risks to women's lives in the home environment. In India, a vast majority of the households rely on biofuels (wood, dung, etc) for cooking. Cooking being a female preserve in the household domain, the pollutants arising from the burning of such bio-fuels affect women disproportionately, with consequences on their health - respiratory tract infections and blindness.

5. Nutritional deficiency:

Naturally women need better health care and attention. But in India there are gender differentials in health care and nutritional status leading to gender inequality. Poor nutritional intake by women and insufficient food intake at the time of pregnancy is resulted in malnourishment. This nutritional deficiency has two major consequences for women first they become anemic and second they never achieve their full growth, which leads to an unending cycle of undergrowth as malnourished women cannot give birth to a healthy baby. The nutritional status Adults in Karnataka is:

Table 2: Nutritional Status Adults

Sl.No.	Indicators	NFHS-4 (2015-16) (%)		
		Urban	Rural	Total
1.	Women whose Body Mass Index (BMI) is below normal (%)	16.2	24.3	20.7
2.	Men whose Body Mass Index (BMI < 18.5 kg/m ²)	14.2	18.4	16.5
3.	Non-pregnant women age 15-49 years who are anemic	43.1	46.1	44.8
4.	Pregnant women age 15-49 years who are anemic	39.6	48.7	45.4
5.	All women age 15-49 years who are anemic	43.0	46.2	44.8

Source: National Family Health Survey-4 Report of 2015-2016

This table clearly states that nutritional status of women of both rural and urban area is very low.

6. Cultural Norms:

The low status of—and subsequent discrimination against—women in India can be attributed to many cultural norms. Societal forces of patriarchy, gender hierarchy, gender division of labour and multigenerational families contribute to Indian gender roles. Traditional customs like eating food after husband and other family members, belief of no necessity of nutritious food for girls etc. Women's social training to tolerate suffering is the additional constraints in their getting adequate health care.

7. Age at marriage:

Early marriage is also one of the reasons for poor health condition of women. They are married at an early age which leads to pregnancies at younger age when the body is not ready to bear the burden of a child. All this results in complications, which may lead to gynecological problems, which may become serious with time and may ultimately, lead to death. National Family Health Survey-4 Report of 2015-2016 provides information about the age at marriage of women in Karnataka, which has shown in the following Table:

Table 3: Percentage of women married before 18 years

Area	NFHS-4 (2015-16)	NFHS-3(2005-06) Total
URBAN	16.7	41.8
RURAL	24.8	
TOTAL	21.4	

Source: National Family Health Survey-4 Report

8. Lack of personal health care:

Most of the respondents of the study opined that women themselves are neglecting their health. Furthermore, Indian women frequently underreport illnesses, Unawareness about nutritious and its necessity for good health, lack of awareness among the people on health preventive measures are the additional constraints in their getting

adequate health care. There is more probability of women infected to certain diseases, which can be diagnosed through medical check-ups. But they do not have favourable attitude to such medical examinations. In support of this view, there is information of National Family Health Survey-4 Report of 2015-2016 which is as below -

Table-4

Disease	Women Age 15-49 Years Who Have Ever Undergone Examinations (%)		
	Urban	Rural	Total
Cervix	13.7	17.0	15.6
Breast	11.7	13.6	12.8
Oral cavity	19.5	14.7	16.8
Women who have comprehensive knowledge of HIV/AIDS	9.8	9.3	9.5

9. Family Planning:

The average woman in rural areas of India has little or no control over her reproductivity. They have to bare many children especially sons as the husband or their family desire. Women, particularly women in rural areas, do not have access to safe and self-controlled methods of contraception. Moreover only women had to undergo the process of family planning. Women have been the major targets of family planning programmes. They have to choose the family planning method that is approved by the husband family members if they complain of side effects there is no attention paid and they have to suffer in silence.

Table-5: Current Use of Family Planning Methods

(Currently married women age 15-49 years)

Issues	Percentage of Use of Family Planning Methods		
	Urban	Rural	Total
Women sterilization	42.8	52.8	48.6
Men sterilization	0.1	0.0	0.1
Pill	0.7	0.3	0.4
Condoms	2.2	0.6	1.3

10. Reproductive Health Problems:

Many of the health problems of Indian women are related to the reproduction such as infertility, menopause, maternal mortality, unwanted pregnancies, unsafe abortions abortion etc. Document of the World Bank, 1996 states that maternal mortality rate in India is estimated at 420 maternal deaths per 100,000 live births. This implies that about 15 percent of all deaths among reproductive aged women are pregnancy related.

4. CONCERNS ABOUT WOMEN HEALTH

Naturally women need better health care and attention. But in India there are gender differentials in health care and nutritional status leading to gender inequality. Hence the health services directed to the women and children are given priority by the government of India. The respondents of the study responded that there is very much necessity of Government intervention through programmes and schemes to deal with women health challenges and also improve their health conditions.

A) State Government Programmes:

The present health scenario in India depicts the enormous efforts made by its government with the assistance of international agencies, in promoting the health of its population and in particular women. The Government of India, under National Health Mission, has taken several steps in all the States with regard to health issues related to women and children. Karnataka state is one of the pioneer states in India in providing comprehensive Public Health Services to its people. Some of the important programmes of Karnataka State Government can be listed as below-

1. *Janani Suraksha Yojana* : It is a safe motherhood intervention under the National Health Mission. The objective of the scheme are reducing maternal mortality and infant mortality through encouraging delivery at health institutions, and focusing at institution care among women in below poverty line families.

2. *Mother and Child Tracking System*: A web based Pregnant women and Child Tracking System introduced aiming to provide pre-natal and postnatal care at the door steps of the rural poor. The report of the Department Health and Family Welfare Services of Government of Karnataka states that as on May, 2018 - 68.50 lakhs pregnant women and 48.72 lakhs children have been registered under the system.

3. *Thayi Bhagya*: This programme envisages totally free maternal and child care for all categories of pregnant women and mothers in the State. Pregnant Women and Mothers are provided incentives in cash and kind to motivate them to avail MCH Services in Government and Private Hospitals, with the sole intention of reducing Maternal & Infant Morbidity and Mortality.

4. *Vatsalya Vani*: For the first time in India, a Three Way Call Conferencing Structure for Mother Child tracking system called "Vatsalya Vani" is launched in Karnataka on 21st December 2015. The main aim of this programme is to promote, protect, maintain and monitor the health of mother and child and ensure complete service delivery.

5. *Prasooti Araike*: 'Prasoothi Araike' scheme is being implemented from 2007-08 with the objective of providing cash benefits to pregnant women of BPL, SC and ST communities to enable them to take nutritious diet during pregnancy and post-natal period to reduce maternal and infant morbidity and mortality.

6. *Madilu*: It is launched in Karnataka on 1st October, 2007 to promote Institutional Deliveries and reduce out of pocket expenditure during delivery and post natal period. In this a kit is provided, containing 19 items which are very useful to the newly delivered poor mother and her infant.

B) Nongovernmental Organizations: NGO's are also playing a very essential role in the delivery of health care services to the common people. Many Non-governmental Organizations are working towards creating awareness among women about the necessity of taking care of their own health and also about programmes of Government. Non-governmental organizations organize many methods to promote health among the common people

Suggestions:

The present study tried to find out some solutions to eradicate the problems involved in the promotion of women health and equal access of health care to men and women. So, it has come out with some suggestions like-

- As gender inequality is one of the important issues, contributing much to the women health problems, gender equality has to be established in all spheres of social life.
- Indian Health Care System must treat the women of the country in a fair and just manner.
- Socio-cultural norms and beliefs, which are in conflict with modern medicine should be eradicated
- There is a need to provide stronger evidence to demonstrate the benefits of nutrition and utilization of modern medical facilities for both men and women, otherwise ongoing health investments will not benefit majority of women.
- Governments, inter-governmental agencies and non-government organizations need to broaden their focus on women's health, and they need to recognize and adopt a life-course approach while advocating the women's health agenda.
- Even though women provide the bulk of healthcare, both in the formal health care setting as well as in the informal sector and in the home, women's own needs for health care poorly addressed, especially among rural and poor communities. Therefore a big challenge is to inculcate awareness among them about modern health care schemes and the necessity of taking care of their own health.
- The issue of gender inequality, which makes women health more vulnerable to certain risks, need special attention through programmes distinct from men's health.
- The challenges of women's household roles, which impact their health, do not have their solutions in medical health. So, household environment has to be changed

- Providing high quality health care to women and The state should continue its systematic efforts to propagate its health awareness and gender sensitizations.
- Empowering and educating women to take charge of their own and health of their families

5. CONCLUSION

Thus, the important finding of this study is that women suffer from different health problems and there are many issues in the promotion of health welfare of women. The development process, which has brought far-reaching demographic, social and economic change to India since Independence, has not been as effective in improving the health status of women. The improvement in the health status of Indian women will require an increase in their educational level as well as expanded access to earning and employment opportunities. There is still gender inequality in health issues in Indian society. The present study also revealed that the household has been seemed to be a prominent place for gender based discrimination in the matter of health care. The receiving of health care as well as access to family resource is highly gendered favoring the males. The present study explored that the perception and attitudes of women towards their health and health care facilities are not encouraging. It requires immense amount of dedication and reforms in the Indian Healthcare system that need to be implemented as well as monitored consistently. Simultaneously, there is also a need to work on bringing awareness amongst the society about the gender equality and equal opportunity in terms of education, health and work for women. However all sections of society, including men , need to involve in the promotion of women health.

REFERENCES

- [1] Dube, S.C- Tradition and Development, Vikas publishing House, New Delhi, 1990.
- [2] Ghosh S.K-Indian Women Through the Ages, Ashish publishing house New Delhi-1989
- [3] Gulani, K.K. - Community Health Nursing principles and Practies, N.R. Brothers, Indore, 2004
- [4] Hate, Chandrakala. A- Changing Status of Women, Allied Publishers, Bombay, 1969.
- [5] Kramer,Laura – The Sociology of Gender, A Brief Introduction, Rawat Publications, Jaipur and New Delhi, 2001
- [6] Saha, Chandana - Gender Equilty and Equality, Rawat Publications, Jaipur, 2003.
- [7] Singh,Yogendra: Modernization of Indian Tradition, Rawat Publication, New Delhi, 2002.

REPORTS AND ARTICLES

- State Fact Sheet Karnataka -National Family Health Survey-4 Report of 2015-2016, Ministry of Health and Family Welfare, Government of India.
- Framing Women’s Health Issues in 21st Century India - A Policy Report, The George Institute for Global Health India, New Delhi. May 2016.
- Report No. 15328-IN- India Issues in Women's Health January 25, 1996 Population and Hum an Resources ,Operation Division, South Asia Country Department I (Document of the World Bank)
- WHO Road Mapfor Action (2014-2019)- Integrating Equity, Gender , Human Rights and social determinants into the Work of WHO. WHO, Geneva, 2015.
- Shrivastava. Ramesh.C. : ‘Women Empowerment and Good Governance’ in “Prashasnika”, Vol. XXXXIII, No. 2, July-Dec., 2014.
- Suneetha-“Role of Nongovernmental Organisations in Delivery of Health Care Services”,International Journal of Social Science and Economic Research, Volume: 3, Issue-10, October 2018.

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- My students grabbed Ranks and gold medals at the University level.
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