



## Women's Health: Social issues and concerns

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### ABSTRACT

Women have always found a place lower than men in the social hierarchy. The fabric of society is woven in such a way that women have always been in a disadvantaged position, ignored often and their place in society was taken for granted. Women all over the world face similar circumstances, though the condition is extremely poor in few developing nations. This deprivation is also apparent in India when we look at the statistical indicators concerning the status of women in India.

The Present Paper will examine the issues concerning women's health both biological as well as social health of Indian women. The study will be based on secondary sources of data and is related to my Ph.D. work. It attempts to inspect various reports and statistical information published by national and international agencies. Through this paper an attempt has been made to study the present status of women's health and also studying the underlying socio-cultural and economic reasons behind the reality that exists today. The paper is divided into sections starting with a brief introduction to the problem followed by method of study, discussion and concluding remarks.

**Key words:** *Women, Women's health, Social health, Gender*

### I. Introduction

women have always found a place lower than men in the social hierarchy. The fabric of society is woven in such a way that women have always been in a disadvantaged position, ignored often and their place in society was taken for granted. The secondary status of woman in a society is one of the true universals and a pan-cultural fact (Ortner, 1974: 67). This universal subordination of women is prevalent in almost all the cultures of the world. Sherry B. Ortner in her work, "Is Female to Male as Nature is to Culture" argued that this universal subordinate status of women is culturally constructed and is not a natural fact. The impetus to feminist thought came from the work of the French social theorist, Simone de Beauvoir who in her classic text 'The Second Sex (1949)' talked about the distinction between biological sex and socio-

cultural gender. With her famous assertion-

‘One is not born, but rather becomes a woman’ (Jackson and Scott 2002: 9) she illustrated how the social construction of gender becomes the root cause of oppression and subordination of women. Our children are socialized not as social beings but as masculine and feminine ones. Gender is inculcated at each and every level of socialization throughout the lives of individuals (Jackson and Scott 2002). We have seen our family members behaving in two different ways when it comes to little boys and girls, say for instance girls are not allowed to roam outside, they are not allowed to go out at night, not to behave in a certain way in front of others, not to shout, wear decent clothes, speak in a polite manner, learn household chores, washing clothes, cooking etc. is considered as their sphere. From the very beginning of their lives they are taught and trained skills that are prerequisite for their future. It is expected that this learning will benefit them after their marriages. Even if a girl is good in studies she is forced to learn household errands as she is expected to perform the same tasks after her marriage. She is the one who will make a compromise and it is inculcated in her mind throughout her life. Boys on the other hand enjoy freedom and autonomy at home and outside. They are free from such restrictions. And this is how we are producing sexually stereotyped children and adults. The problem lies in our socialization patterns which favor our sons. This unequal behavior forms the basis of our socialization pattern and our day to day life. This patriarchal thinking forms the backbone of our society and the main sufferers of this thinking become the ‘woman’. This socialization pattern and unequal behavior followed at home and in our society becomes the root cause of the subordination and discrimination that women face throughout her life. And as a result women never get full access to education, health care, employment opportunities and other crucial services and benefits.

Women all over the world face similar circumstances, though the condition is extremely poor in few developing nations. The high prevalence of female genital mutilation or female genital cutting or female circumcision, female infanticide, dowry related deaths, female trafficking etc. are a disgrace to humanity. The global community is doing a lot to bring parity between men and women. Several crucial conventions and laws have been formulated so far. Among them Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) which is an international treaty adopted in 1979 by the United Nations General Assembly is the most important legal document concerned about the rights and interests of women. It is concerned exclusively with promoting and protecting women’s human rights (6). The Beijing declaration and Platform for Action which was adopted in the United Nations Fourth World Conference in 1995 was another landmark declaration aimed at achieving greater empowerment, equality of women and social justice.

The principle of gender equality is enshrined in the constitution of India. India has also established the National Commission for Women (1990) which is an apex national level organization with the decree of protecting and promoting the interests of women. The 73<sup>rd</sup> and 74<sup>th</sup> constitutional amendments (1993) also entitled women

for reservation of one-third seats in the local bodies of Panchayats and Municipalities which paves the way for women empowerment. India has also formulated several important policies like the National Policy for the Empowerment of Women (2001) which is very crucial policy dealing with almost all aspects of women's life. The goal of the policy is to bring about the advancement, development and empowerment of women. It is a comprehensive framework dealing with broad areas like reviewing the legislature, judicial legal system, existing constitutional laws and policies and their implementation keeping in mind the ideals of gender equality and parity. It includes equitable health care, equal access to education, active participation of women in political, economic decision making process and mainstreaming a gender perspective in the overall developmental process of the country. It also ensures creating an enabling environment by providing support services for the woman who is working outside home and in the global environment, providing training for enhancing skills for better employment opportunities, providing credit facilities and poverty eradication, just and holistic health care opportunities for promoting the interests of women. India has also ratified various international conventions and human rights instruments to protect the rights of women. India being a signatory to CEDAW and Beijing Declaration and Platform for Action is bound to protect the rights of women. Still we see our country has deep rooted gender disparity and discrimination in almost all spheres of life be it literacy levels, health care, economic opportunities, public life, crucial decision making.

## **II. Methodology**

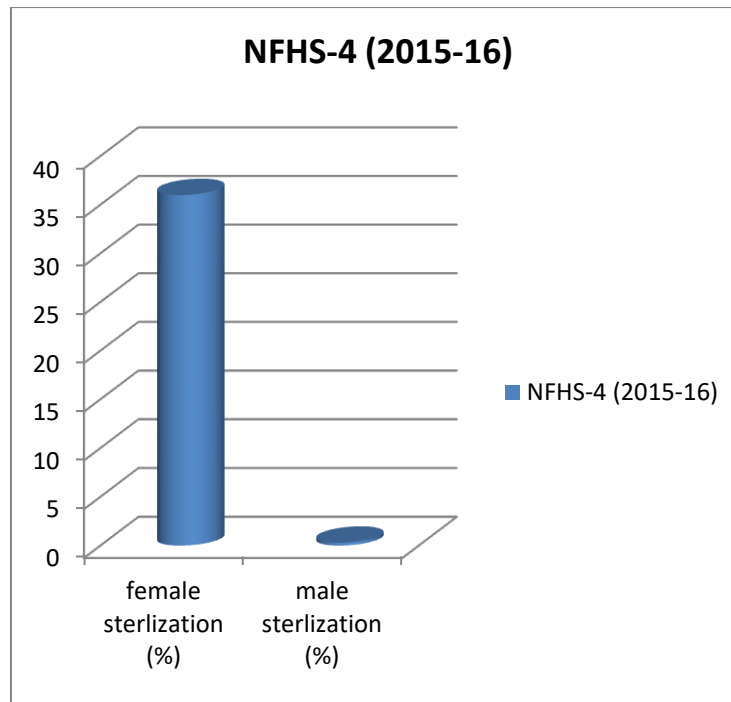
This is a secondary data based paper. It attempts to explore the governmental statistics and reports of several national and international agencies in order to study the health status of Indian women. This exploration will analyze any link between the health indicators and the social structure of our society which is patriarchal in nature and mostly men dominated. I would focus on the gender inequality that exists in our society. In this paper an analysis of the governmental reports has been done and the relevant information is presented in graphical format as well.

## **III. Discussion**

The Global Gender Gap Report (2017) ranked India at 108th out of 144 countries. The index measures gender gap in 4 important fields- Education, Health, Economic opportunities and political participation. This low position indicates the level at which gender gap persists in our country. And in the women's health and survival indicator India ranked 141 out of 144 countries. This low position in the health indicator clearly signifies that despite several reform measures and policy implementation the ground reality is very disappointing and depressing and it is due to the patriarchal social structure and subordinated status of women in our male-dominated society that women of our society lags behind men in these fields.

The National Family Health 2015-16 (NFHS-4) reveals that the sex ratio of the total population (females per 1,000 males) of India is 991. The sex ratio at birth (SRB) for children born in the last five years (females per 1,000 males) is 919. The decline in the sex ratio at birth shows how gender disparity and gender bias persists in our country and it poses a great threat to the existence of our society as a whole. This decline in the sex ratio becomes the root cause for several other social evils like female trafficking where women and girls are trafficked into the commercial sex industry, sometimes people also purchase brides for their sons as the number of girls is declining. The increasing sexual crime against women is also an outcome of declining sex ratio. The number of crimes against women is also increasing at an alarming rate. And also the majority of cases under crimes against women were reported under 'Cruelty by Husband or His Relatives' (32.6%) followed by 'Assault on Women with Intent to Outrage her Modesty' (25.0%), 'Kidnaping & Abduction of Women' (19.0%) and 'Rape' (11.5%) (NCRB 2016). These statistics clearly and convincingly highlight the dismal condition of women in our society. Therefore we can say that even our homes are not safe for our women.

According to NFHS-4 26.8 % women in India were married before 18 years and 7.9 % Women aged 15-19 years were already mothers or pregnant at the time of the survey. These practices of early marriage and child bearing still prevail and ultimately affect young girls and their health. Early child bearing has serious health implications both for the mother and the infant. The striking difference between the use of family planning methods too point towards greater gender inequality that exists within our country. The percentage of females who got sterilized was 36 whereas only 0.3 percent males were sterilized. Though male sterilization is extremely safe and less complicated procedure than female sterilization still the percentage of women who undergoes the knife is high. Women don't enjoy autonomy in decision-making in their personal spheres and as a result they are either convinced by their fellow family members or forced by their partners to undergo the surgery. The disparity between males and females is clearly evident when we look at the chart representation of the same. This inequity forces us to ponder the foundation for this discriminatory behavior. And the root lies in the structure of our society which is patriarchal in nature. We are culturally conditioned to accept these set of rules which are legitimated and backed by our religious beliefs and practices. The following table clearly depicts the disparity that exists in our society.

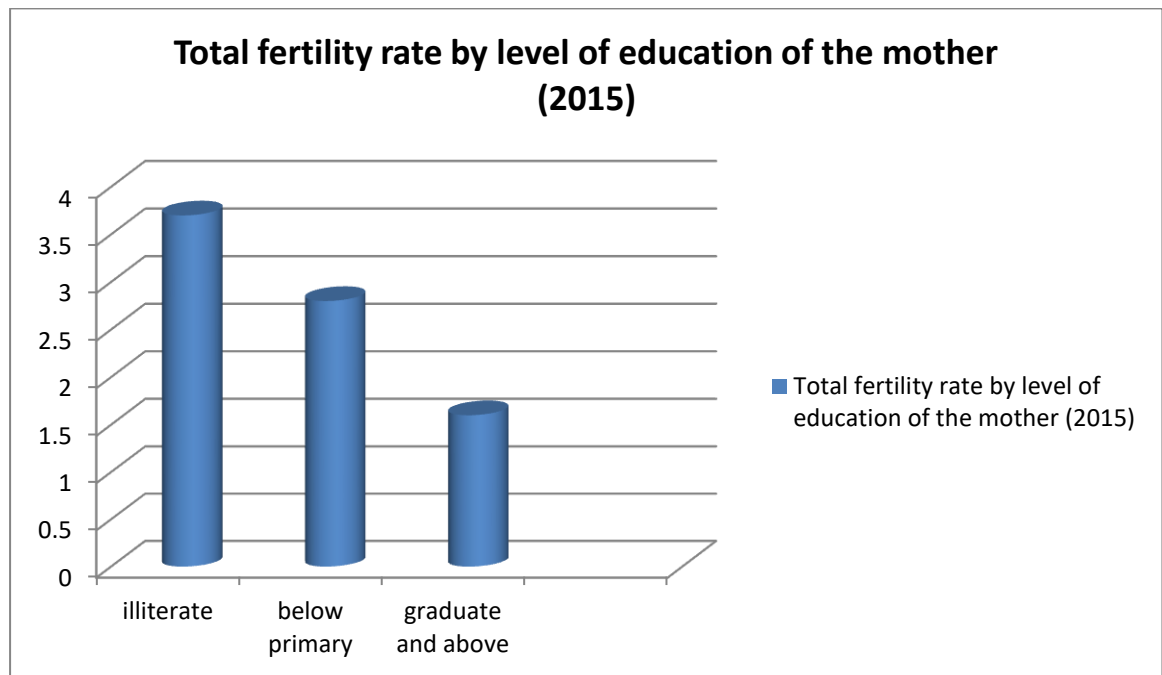


As per WHO Report 2016 24 percent women are malnourished in India. If our women are underfed how can we expect our country to develop and prosper? A malnourished mother is at high risk of death during delivery and she is more likely to have a low birth weight baby. The NFHS-4 reveals that only 21 % mothers receive full antenatal care. As per NFHS-4 full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days. Antenatal care is of crucial significance both for the mother and the new born as it can significantly reduce the risk of death during delivery. A good antenatal care therefore will definitely reduce the MMR and IMR. Proper nutrition, vitamins intake and health care during pre-delivery period will aid the women’s transition from the delivery and post-delivery period smoothly. Appropriate care during and after delivery could check the MMR and IMR. But the lack of knowledge, awareness, education, quality health care services and poor health infrastructure apart from our patriarchal social structure further worsen the situation and women does not get a chance for good ANC.

There is also striking differences in the literacy levels of men and women. The indicator highlighted that 68.4 percent women are literate on one hand and on the other hand 85.7 percent men are literate (NFHS-4). This gap in the literacy rates shows the historical subordinate status of women that in spite of several reform measures adopted by our government women still lag behind men in the educational front.

The table shown below illustrates the link between education level and the fertility rates of a women and its quiet evident that education plays a key role in fertility reduction and positively impact women’s overall health. And this can be exemplified by looking at the indicators of Kerala. Kerala as per the census 2011 has shown the

highest literacy level that is 94.00 % and the Maternal mortality rates of Kerala is lowest that is 61 (per 100000 live births). The Infant mortality rate (IMR) which is the number of deaths per 1,000 live births of children under one year of age (WHO) is also lowest in Kerala and that is 10 (per 1,000 live births). These figures indicate that education as a social indicator is positively related to women’s health and survival. As the Total Fertility rates are higher among the illiterates and lowest among graduates, we can say that an educated woman is more aware about her health and can take better decision during her reproductive life.



Source: Sample Registration System, Office of the Registrar General, India.

#### IV. Conclusion

India is the third largest economy and has the second largest population in the world. India has ratified and endorsed almost all international conventions relating to the interests of women. Still the statistical figures and indicators present a dismal picture of our country. We need to build a society where men and women will be at parity with each other. Education can provide a solution to major issues related to health. An educated woman is more aware about her health, about the pros and cons of certain risky behavior and is also well acquaint of using her rights and duties from time to time and can also take proper care of her during entire pregnancy and the new born as well which can significantly reduce the maternal mortality and infant mortality rates.

There is also a direct linkage between social empowerment of women and health statistics. By empowering our women socially, economically and politically we can ensure there well- being and proper health. The issue of women’s health is an intersecting subject and it is positively linked to socio-economic and political emancipation. We need to approach the issues of women’s health in a holistic manner

by using life-cycle approach where proper care should be given to women's health from the very beginning of her life till the end. This phase based health care will ensure proper nutrition at each level of women's life, proper care during pregnancy and after delivery, regular health checkups, promoting awareness among women regarding their health and health care services available to them.

Also we need to focus our attention to the adolescent female population as their health needs are always ignored in our patriarchal setup. They are the ones who under the familial pressures cannot share their side of the story and become the silent sufferers. The bodily and mental changes that a woman goes during her teenage years require proper attention and care as this is the phase where one can make her life for good and succeed or one can go into trouble and indulge into risk behavior and destroy her entire life.

Mere implementing the policies and laws won't help in raising the gender parity. We need to work on our implementation and accountability side. And apart from this we also need to change our societal attitudes and community practices by involving women in all the fields, by giving them power and confidence to work, to fight for their rights, to get access to quality health care, to make them educated (not just literate). We need to provide them enabling environment so that they can surpass all the barriers and walk hand in hand with men.

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