UNIT 2 SOCIAL AND HEALTH STATUS OF WOMEN IN INDIA

Structure

2.0 OBJECTIVES

After completing this unit, you should be able to:

- identify the causes of the low status of women in Indian society;
- relate the health problems of women with their overall low status in society; and
- analyse the health system and your own perception of women's health problems.

2.1 INTRODUCTION

In Unit 1, you have learnt about general concepts of RCH Programme. You have seen that there is a shift from women targeted approach to women oriented (friendly) approach in providing health care to women. Women are exposed to the same health hazards as men in the community. However, some health problems like, reproductive tract infections and tuberculosis affect women in a more intense manner than men. This is because of both biological as well as social conditions.

The low status of women has a direct effect on maternal morbidity and mortality. Because of the poor status of women in India general health problems do not get sufficient attention. ANM/FHW as women and as health workers are closely concerned with this issue of low status of women and the ensuing health problems of women because they deal with such issues in their everyday functioning and also because they themselves face most of these problems.

In this unit, we shall focus on social and health status of women. We shall discuss about declining female population, women status in household, women's literacy, work and economic status of women. At the end we shall focus on health status of women in terms of burden of diseases and their control over health.

2.2 SOCIAL STATUS OF WOMEN IN INDIA

The social status of women has a direct link with their poor health condition. There is a higher death rate among women in specific age groups as compared to males. Violence against women is increasing. Peoples' preference for male offspring child

continues even today. They have a lower chance of getting basic education as compared to boys and women also face discrimination in relation to the access and utilization of services and government facilities. They have less access to health services. All these have resulted in a less number of women per 1000 men in India.

The status of women in India is reflected by the following glaring facts of declining female population and low levels of female literacy.

2.2.1 Declining Female Population

The gradually decreasing number of females per 1000 males is an indicator of status of women in India. See Table 2.1. In the year 1901 there were 972 females for every 1000 males in the country. Currently (according to the 1991 census) there are only 927 females per 1000 males in the country. Figures also show that there are 31.1 million more males than females in India (Registrar General, India, 1993). Despite girls being biologically stronger than boys, more girls tend to die annually compared to boys. This is largely attributed to the son preference, discrimination against the girl child leading to lower female literacy, female foeticide, higher fertility and higher mortality rate for females in all age groups up to 45 years of age.

Let us take a look at the changing sex ratio scenario in India.

Table 2.1: Sex Ratio in India from the Year 1901-1991

Census year	Sex Ratio Females per 1000 males
1901	972*
1911	964
1921	955
1931	950*
1941	945*
1951	946
1961	941
1971	930
1981	933
1991	927
2001	933

* Excluded Pondicherry

Even within India the status of women differs in different parts of the country. See Table 2.2. The status of women is slightly better in the southern states as compared to northern parts. Kerala has the best sex ratio with 1036 females to 1000 males and Haryana has the least favourable sex ratio with only 865 females to 1000 males.

Factors Contributing to Declining Sex Ratio

There are many factors which contribute to the declining number of women to 1000 men in India. Some of these are:

Table 2.2: Interstate Differences in Sex Ratio with No. of Female to 1000 Male

State/UT	Sex Ratio		
	1981	1991	2001
INDIA	**934**	**927**	**933**
Andhra Pradesh	975	972	978
Assam	901	923	932
Bihar	946	911	921
Gujarat	942	934	921
Haryana	870	865	861
Himachal Pradesh	973	976	970
Jammu & Kashmir	892	923	900
Karnataka	963	960	964
Kerala	1032	1036	1058
Madhya Pradesh	941	931	920
Maharashtra	937	934	922
Orissa	981	971	972
Punjab	879	882	874
Rajasthan	919	910	922
Tamil Nadu	977	974	986
Uttar Pradesh	885	879	898
West Bengal	911	917	934

i) Sex selection and preference for male child

ii) Sex selection tests like amniocentesis and female foetus abortion and female infanticide

iii) Nutritional and medical neglect of the girl child

iv) Lower female literacy level

v) Over worked and under fed women

vi) Violence on girls and women, dowry related deaths, domestic murders

vii) Too many pregnancies and use of hazardous methods of contraception

viii) Unsafe abortion.

2.2.2 Women's Status in the Household

The place of a woman in the household reflects her place in the community and society. In the Indian context, class and caste have a strong influence on social structure and status. The household, which is the basic unit, is located in the social structure according to its caste and class status.

What does a household mean? It is a residential arrangement with common facilities for living and eating requiring a substantial amount of cooperation and coordination among its members. A household usually shares common cooking and sleeping arrangements. The members also have a mutual financial responsibility.

For the woman, the household does not provide an equal status since her position in the house is based on her relationship with the head of the household and also her relation to the total family. She is a wife, mother, mother-in-law, daughter or daughter-in-law. As the relationship changes her position also undergoes a change (Fig. 2.1).

Fig. 2.1: Status of women in the household

A mother has a higher status compared to her son, a mother-in-law enjoys a higher status than her daughter-in-law and the daughter of the family has a higher status over the daughter-in-law. A daughter-in-law respects her elder brother-in-law (husband's brother) but has a friendly relationship with her younger brother-in-law. These variables define the different roles and their corresponding status in the household. This in turn, determines the way work is allocated and evaluated by the household.

Gender relations in the household are not based on equality. In an usual Indian family, men in general have greater access to power, decision-making, property and resources compared to women. This is dependent on the age factor with older persons enjoying greater power. The very young and the very old do not enjoy power.

Division of labour within the household is also not based on equal status or ability. It is based on the cultural identification of tasks as male tasks and female tasks. Work divided along these lines among men and women in the family is known as the sexual division of labour. Women perform several tasks, like bearing and rearing children, caring for the old and sick persons, cooking, cleaning, washing, collecting firewood, fetching water and rearing milch cattle. These tasks are defined as women's domestic responsibilities and a woman is expected to perform them as a wife, mother, daughter-in-law or daughter.

Since women carry the major responsibility of cooking, cleaning, preserving and caring (tasks which are closely related to health and nutrition), it can be said that women are the guardians of household health.

Table 2.3: Literacy Statistics, Census of India 2001

State/UT	Literacy Rate, 2001		Increase in Literacy over 1991 Census(%)	Male/Female Difference in Literacy (%)	Rank in Literacy Rate		Literates/Eligible Population, 2001 (in thousand)		
	Persons	Females	Total	2001	1991	2001	Persons	Males	Females
A&N Islands	81.18	75.29	8.16	10.78	8	8	71	76	65
Andhra Pradesh	61.11	51.17	17.02	19.68	27	28	53	62	45
Arunachal Pradesh	54.74	44.24	13.15	19.83	29	32	45	53	36
Assam	64.28	56.03	11.59	15.90	23	24	54	60	47
Bihar	47.53	33.57	9.05	26.75	34	34	38	49	27
Chandigarh	81.76	76.65	3.95	9.00	4	6	72	76	67
Chattisgarh	65.18	52.40	-	25.46	28	23	54	65	44
D&N Haveli	60.03	42.99	19.32	30.32	32	30	49	61	35
Daman & Diu	81.09	70.37	9.89	18.03	9	9	71	78	60
Delhi	81.82	75.00	6.62	12.36	6	5	70	75	64
Goa	82.32	75.51	6.81	13.37	5	4	74	79	68
Gujarat	69.97	58.60	8.68	21.90	14	15	57	66	48
Haryana	68.59	56.31	12.74	22.94	22	20	58	67	48
Himachal Pradesh	77.13	68.08	13.27	17.94	11	11	66	73	59
Jammu & Kashmir	54.46	41.82	-	23.93	-	-	47	57	36
Jharkhand	54.13	39.38	-	28.57	30	33	44	56	32
Karnataka	67.04	57.45	11.00	18.84	21	22	58	66	50
Kerala	90.92	87.86	1.11	6.34	1	1	80	83	78
Lakshadweep	87.52	81.56	5.74	11.59	3	3	75	80	69
Madhya Pradesh	64.11	50.28	19.91	26.52	26	25	53	63	41
Maharashtra	77.27	67.51	12.40	18.75	10	10	67	74	58
Manipur	68.87	59.70	8.98	18.17	16	19	60	68	52
Meghalaya	63.31	60.41	14.21	5.73	24	27	51	53	48
Mizoram	88.49	86.13	6.22	4.56	2	2	74	77	72
Nagaland	67.11	61.92	5.46	9.85	13	21	58	62	53
Orissa	63.61	50.97	14.52	24.98	25	26	55	65	44
Pondicherry	81.49	74.13	6.75	14.76	7	7	72	78	66
Punjab	69.95	63.55	11.44	12.08	17	16	61	66	56
Rajasthan	61.03	44.34	22.48	32.12	33	29	50	62	36
Sikkim	69.68	61.46	12.74	15.27	20	17	60	66	52
Tamil Nadu	73.47	64.55	10.81	17.78	12	13	65	73	58
Tripura	73.66	65.41	13.22	16.06	15	12	64	71	57
Uttar Pradesh	57.36	42.98	15.76	27.25	31	31	47	57	35
Uttaranchal	72.28	60.26	-	23.75	18	14	61	71	51
West Bengal	69.22	60.22	11.52	17.35	19	18	60	67	52
INDIA	**65.38**	**54.16**	**13.17**	**21.70**	-	-	**55**	**64**	**46**

Source: Adopted/Calculated on the basis of Census of India 2001, Series-1, India, Provisional Population Totals, Paper-1 of 2001, Registrar General and Census Commissioner, India, 2001.

2.2.3 Women's Literacy and Education

Women's literacy status is much lower than that of men. This is obvious since much lower percentage of women attend school. From Table 2.3 it is clear that 65.38% of the population in India i.e. 46% are literate. Where as 64% males are literate, only 46% females are literate. The female literacy is lowest in Bihar (33.57%). The difference between male and female literacy is very wide in this state. The highest literacy rate in India is in Kerala where 90.92% of people are literate. The difference between men and women is also low in this state.

In general the female literacy rates are better in Goa (75.51%) and some North Eastern States like Mizoram (86.13%) and union territories like Chandigarh (76.65%) and Lakshadweep (81.56%).

Women's health status is closely linked to their literacy status and educational status. Women's education is also closely linked with infants mortality rates. Women who have studied up to 10th standard tend to have healthier babies and their infant are less vulnerable to infection. This is because they have access to information and are able to make positive decisions regarding child health. Female literacy holds the key to good reproductive health care. Following are the tasks related to women's literacy and education.

Some facts related to women's literacy and education:

1) Less number of girls are enrolled in schools

2) Higher percent of girls drop out from schools

3) Few girls are retained in schools after attaining menarche

4) When resources are limited, boys education is given preference over that of girls.

2.2.4 Work and Economic Status of Women

Women are mostly engaged in the informal sector of the workforce compared to men who tend to work in more organised sectors. Therefore women tend to work in conditions requiring longer hours of work, unhealthy postures, more hard tasks and lower wages. There is a greater chance of exploitation and absence of basic amenities:

The problems of the work area and their effects on health of women tend to make them more susceptible to illnesses. Their vulnerability increases due to two factors:

a) The multiplicity of roles women perform. Besides working for a wage, women have to carry out normal households activities like cooking, cleaning, carrying water, fetching fuel, child care. They carry a double burden of work within the house and outside.

b) The fact that they are poor. They are already disadvantaged because they suffer from malnutrition, anaemia, discriminatory treatment, multiple pregnancies, the burden of contraception, sexual assault, harassment and mental trauma. Women's occupational health problems get less attention as campared to men's occupational health problems.

The specific occupational health problems of women are given below:

i) Posture at work is not healthy. Women have to bend, crouch, stoop and, strain their eyes. Examples are home-based workers such as bidi workers, zari and chikan workers, lace makers, gunny-bag stitchers and carpet makers.

ii) The constant contact with hazardous materials like dyes, wood-smoke, cashew oil, chemical fumes and tobacco and silica dust is harmful to women.

iii) The lack of light, toilets, water, ventilation, space and other related work environment problems and no child care facilities e.g. creche.

iv) Problems related to lifting weight, especially in construction and brick work which gives rise to health problems like prolapse of the uterus and miscarriages.

v) Due to long hours of work and the non-availability of rest in order to recover from illnesses, women's health problems get aggravated.

vi) Women experience varying forms of sexual exploitation in the informal sector and these affect their health.

Check Your Progress

i) Write the number of females for every 1000 males in India according to 2001 census.

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ii) Name the states which has the most favourable and the least favourable sex ratios in India.

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iii) Write the percentage of males and females of the Indian population who literate according to the 1991 census? Name the states having highest and the lowest literate females.

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2.3 HEALTH STATUS OF WOMEN RELATED TO THEIR SOCIAL STATUS

Women in India are generally underfed, underweight and undernourished. Anaemia is highly prevalent among pregnant women. Women suffer the burden of disease with little access to health services. The major reasons for this are:

- poor nutritional status of women,
- high burden of ill health, and
- high risk for maternal morbidity and mortality.

Because of the low status of women and girls and the prevalent son preference, female nutrition is poor exposing them to other health problems.

2.3.1 Nutritional Status of Women

It is an established fact that there is a direct relationship between nutrition and health status. Poorer women tend to be underweight and also give birth to babies with lower than normal weights. Body weights of women of different age groups from poorer socio-economic groups tend to be below the body weight that they are supposed to have. This is due to constant malnutrition from birth to childhood which continues into adult life. The chart below shows how a woman faces risk of poor nutrition throughout the life span (Fig. 2.2).

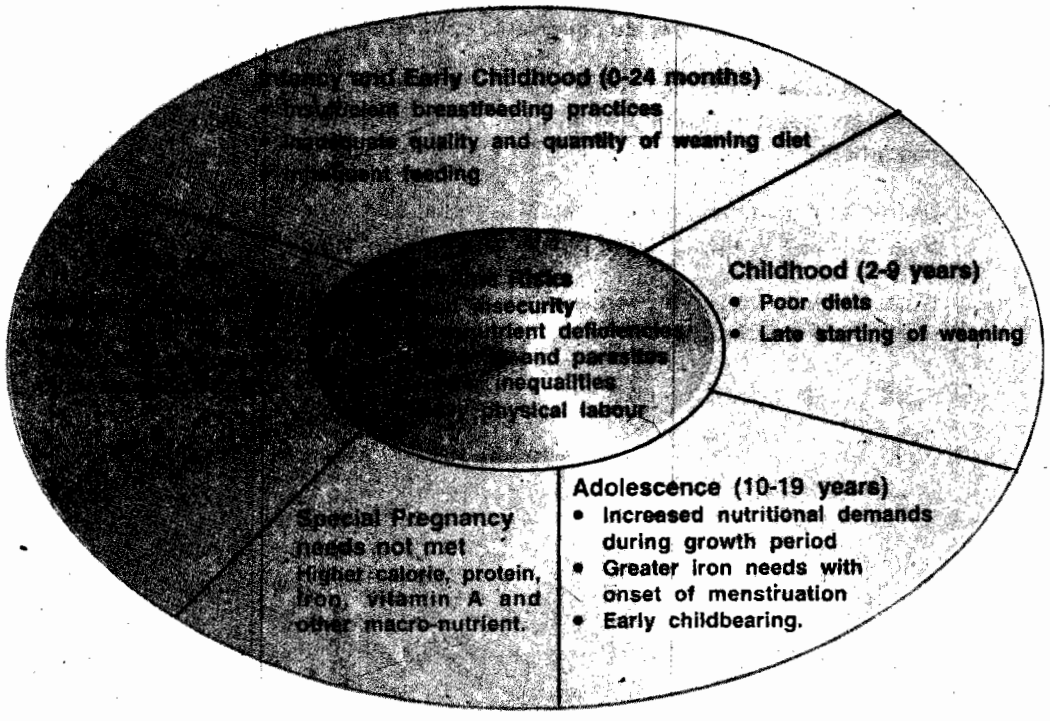

Fig. 2.2: Nutritional status of women throughout the life span

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2.3.2 Burden of Disease in Women

In your field work you have observed women from poor families. Have you noticed that they are thin and anaemic and fall ill often. This burden of illness is due to their poor nutritional status and low level of awareness and also health services are least accessible to them.

Anaemia is widely prevalent in women. Widely experienced menstrual bleeding disorders add to previously existing anaemia. In turn in pregancy anaemia puts women at higher risk for developing foetal toxemia, eclampsia and hemorrhage. Childhood undernutrition can leave a girl to grow up with an undetected contracted pelvis, resulting in obstructed child-birth and tragedy.

Anaemia makes them prone to various infections including tuberculosis. Gynecological illnesses are common, such as sexually transmitted infections, contraceptive-induced disorders, and cancers. Particularly, the incidence of cancer of the cervix in Indian women is the highest in the world.

Post-tubectomy syndrome (PTS) is now a medically recognized term. Many women complain of several health problems after tubectomy. Often, health care providers ignore these and label them as psychosomatic symptoms and assumptions, specially when complained by poorer women.

2.3.3 Women's Control Over their Health

Have you thought of how much control women in poor families have over their own health, conception, contraception? The status of women's health depends on the extent to which they have a control over their bodies and their reproduction.

Women's Poor Control Over Conception and Fertility: In your work, you must have often thought why the poor cannot afford to feed children. Women in poor backgrounds are compelled to have more children since they do not have a guarantee for the survival of their child. The Child Survival and Safe Motherhood Programme and other programmes attempted to ensure child survival so that birth rate would reduce. The RCH programme consolidated the gains achieved through the earlier programmes.

Women's Poor Control Over Contraception: Women have always needed and asked for safe and effective contraceptive measures since they have felt the need for this. The desired family size is reducing. But a choice is still not freely available to women.

Today's family welfare services are seen more as methods for achieving fertility control of women rather than as measures for overall development of positive health services. Women are seen as passive recipients of methods where they have little choice/control. This is especially seen in the terminal methods like tubectomy. It is only lately that methods which clients, specially women prefer are given greater emphasis.

Instead of helping women to build their capacity for decision making and adopting the services they think they need, women are provided with a selected list of services. Only these selected services are available to them. Their options are therefore limited.

2.4 LET US SUM UP

In this unit we have discussed about status of women in society in releation to status in household, women's literacy, education work and economic status of women. You have also learnt about health problems of women, how the health care system looks at women and how this affects her access and utilization of services. The focus has been given on nutritional status of women, burden of diseases in women and lastly the women's control over their health and fertility.

2.5 MODEL ANSWERS

Check Your Progress

i) 927 females per thousand males

ii) Kerala has the most positive — 1032 females to 1000 males

Haryana has the least positive — 865 females to 1000 males

iii) According to 1991 census, 64.2% males and 39.19% females were literate in India. The state with the highest female literacy is Kerala with 86.17% and the state with lowest literacy is Bihar with 22.89%.