

WOMEN'S HEALTH IN INDIA

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Abstract:

The health of a country's population has profound implications for the health and education of children and the economic well-being of households, as well as for the women themselves. The most direct effects of poor health and nutrition among females in countries such as India are high mortality rates among young children and women of childbearing age and high morbidity rates throughout the life-cycle.

The effects of pervasive ill health extend beyond the women herself. A woman's health and nutritional status influence her newborn's birth weight and chances of survival, her capacity to nurse and nurture her child, and her ability to provide food and care for other children and family land or for wages, income falls when ill health prevents a woman from working.

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 only for the women themselves but also for the well-being of their children (particularly females), the functioning of households, and the distribution of resource

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Introduction:

Fundamental changes in the health status of Indian women will require greater opportunities for schooling and employment. But the dimensions and consequences of the health problems of Indian women also argue urgently for changes in the health system: the strengthening and expansion of existing services--public, voluntary, and private--and communication initiatives to increase the demand for services and women's ability to use them.

India has made considerable progress in social and economic development in recent decades, as improvements in indicators such as life expectancy, infant mortality, and literacy demonstrate. However, improvements in women's health, India are one of the few countries where males significantly outnumber females, and its maternal mortality rates in rural areas are among the world's highest. Infectious diseases, malnutrition, and maternal and perinatal causes account for most of the disease burden. Females experience more episodes of illness than males and are less likely to receive medical treatment before the illness is well advanced. Because the nutritional status of women and girls is compromised by unequal access to food, by heavy work demands, and by special nutritional needs (such as for iron), females are particularly susceptible to illness, particularly anemia. Women, especially poor women, are often trapped in a cycle of ill health exacerbated by childbearing and hard physical labor.

An Overview of Women's Health:

Since the turn of the century, India's sex ratio has become increasingly favorable to males. This is in contrast to the situation in most countries, where the survival chances of females have improved with increasing economic growth and declining overall mortality. In India, excess female mortality persists up to the age of 30--a symptom of a bias against females. But there are wide disparities in fertility and mortality among states and, within states, between rural and urban areas.

Occupational and Social Influences on Health:

Women in India, especially in agricultural areas, are expected to perform a variety of strenuous tasks within the household, on family lands, and, in some regions, for wages. These occupations often have serious consequences for undernourished females, including adolescents, whose bone structures is not yet fully developed and who may be required to carry heavy loads or to adopt unnatural postures for prolonged periods. Another problem is exposure to heavy smoke from kitchen fires, which causes a variety of respiratory difficulties. Women are also susceptible to unusually high rates of physical assaults such as rape, burning, and beating.

The poor health of Indian women is a concern on both national and individual levels. It affects the children who will be India's next generation of citizens and workers. It reduces productivity, not only at the household level but also in the informal and formal economic sectors. Improving women's health is integral to social and economic development. In addition, it is economically efficient, since interventions to improve women's reproductive health are among the most cost-effective available.

Nutritional Deficiencies:

In India, female infants below the age of 1 year received adequate nourishment or were only mildly malnourished. For female children ages 5-9, the percentage fell to about 30-55 percent.

Many women do not achieve full physical development. A large proportion of those surveyed in the 20-24 age groups were below the height (145cm, or about 56 in) and weight. (38 kg or 86 lbs) at which women are more likely to deliver low-birth weight babies. The percentages of young women under 20 who are under the weight and height levels required to deliver children safely are likely to be higher because these females may not have completed their adolescent growth spurt.

Education

The female disadvantage in India is also evident in education. Although significant gains have been made in female literacy since independence and the benefits of education females are widely recognized, population growth has meant that there are more illiterate females today than a decade ago. A variety of socioeconomic factors are responsible for women's lower educational attainment, including direct costs, the need for female labor, the low expected returns, and social restrictions. Because women's educational level and improvements in their health status are closely linked, increasing female education is key to improving their health.

Education and Women:

Females are clearly at a disadvantage in India with regard to education. Literacy levels give a clear picture of the educational situation of Indian girls and women. Most Indian women are illiterate, and most Indian illiterates are female. The central and state governments have recently initiated efforts to bridge the gap between the educational levels of men and women and to increase literacy overall.

Underpinning the high levels of female illiteracy in India are low rates of female school enrollment and retention.

Education in Development:

Education of women is the most essential input to improve her overall status, especially health. In recent years, the focus of planning has shifted from equipping women for their traditional roles of housewives and mothers to health, because better education and income means, better health.

Inspire of concerted efforts to improve the enrolment of girls and provide adult education for women, their educational status is still far from satisfactory. Issues in women's education are not issues only of educational sector, but they extend to issues of environment, employment, production resources, etc.

Education will be used as an agent of basic change in the status of women. In order to neutralize the accumulated distortions of the past, there will be a well-conceived edge in favor of women. The National Education System will play a positive, interventionist role in the empowerment of women. It will foster the

development of new values through redesigned curricula, textbooks, training and orientation of teachers, decision-makers and administrators.

Conclusion:

Education is one of the greatest forces for change in women's lives. It is also one of the areas in which, universally, women have made the greatest recent gains. Even in the poorest countries, governments have made impressive investments in education over the last several decades.

Since education influences a woman's chances of paid employment, her earning power, her age at marriage, her control over child-bearing, her exercise of legal and political rights, and even her ability to care for herself and her children, increased access to education is often the fore-runner to a host of expanded opportunities for women. Although the gender gap is beginning to close, unfortunately men still have higher literacy rates than women, and boys still outnumber girls in school.

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