

## **Review Article**

### **Current Health Status of Women in India - Issues and Challenges**

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Empowerment means the ability to exercise full control over one's actions. The status of women in India has been subject to many great changes over the past few millennia. The purpose of this paper is to explore the status of women empowerment in India and its effect on health indicators through various related factors.

The health of women depends on their emotional, social and physical well-being which are determined by different social, political and economic contexts of their lives. India being large country, has a diverse population- socially, culturally and economically; yet, the common major problem that women here face in availing healthcare, is inequality, between men and women; among women of different geographical regions, social classes and indigenous and ethnic groups across the country.

There are several factors responsible for the current status of women, one is the culture itself. Women are subjected to selective malnourishment from birth. There is strong preference for the male child in several states promoting illegal sex determination and female foeticide. This not only poses threat to the expectant mother's physical and mental health but also imbalances the sex ratio, thereby giving rise to several other social problems.<sup>1</sup>

The girl child is treated as a financial burden on the family because of customs like dowry at the time of marriage. This is a major reason why sex determination and female foeticide is rampant in some places.<sup>2</sup> Many a times women are not free to control their fertility and decision regarding medical termination of pregnancy is influenced by husband or other family members. There are states with remarkable decline in the fertility rates of females, yet female foeticide continues and strong preference for male child remains.<sup>3</sup>

In the patriarchal societies like Indian, women on an average have less power, status, autonomy, independence and financial resources. They are mostly the carers, providing both domestic labor and health care for husband, children and elders whenever required. The male child preference exists mainly because of the patrilineal nature of these societies where the property and title are inherited by only the male lineage.<sup>4</sup>

Despite all odds, the backbones of the family are women. The family health issues relate to various phases involving fertility and pregnancy, infancy, childhood, adolescence, adulthood, and old-age along with the familial relationships. Poor pregnancy outcomes affect not only the mother but also the child, family, and the community physically, mentally and economically. In Indian society where women's rights are repressed, the health of women and children suffers significantly.

The major gender specific cause of death in India continues to be the maternal mortality, despite this being one of the key agenda in the national health care programs. The maternal mortality rate is 212 per 1000 which is almost 6 folds higher than that of china.<sup>5,6</sup>

Women's post natal health appears to take second place for all once the process of child birth is over.<sup>7</sup> The percentage of women receiving post natal care within two days of delivery across states gives a glimpse of the same.<sup>8</sup>(Table 1) The mothers who do not avail antenatal care and / or give birth unattended by the trained personnel, invariably indulge into wrong practices related to child care and hence the child health complications adding to the infant mortality rate (IMR).

Early marriage and early child bearing are important factors adding to maternal mortality rate (MMR) and IMR.

Every third girl in the developing countries (excluding China) is getting married at the age before 18. Early marriage is

observed to compromise the sexual and reproductive health of young women and the adverse consequences are borne not only by young women but also by the child they bear.<sup>9,10</sup>

The indicator 'Domestic violence' reflects lots about the status of women in society. Women marrying at a later age than 18, are seen less prone to domestic violence, may be for their improved awareness about marital life, sexual behavior and its consequences along with the physical and mental development with time. In addition the women are seen to be participating in deciding about their marriage if they marry at a later age.<sup>11</sup> Mother experiencing intimate partner violence is found significantly associated to infant mortality.<sup>12</sup> Experiencing marital violence not only damages the women's physical being, but also has serious negative impact on the multiple aspects of women's reproductive health.<sup>13</sup> Moreover, it is observed that the marital physical violence by the husband and acceptance of the justification for such violence are significantly associated with decreased chance of seeking care.<sup>14</sup>

The gender inequality and mortality analysis reveals that the life expectancy of male and female in India are comparable (65.77 for males and 67.95 for females - 2011 estimates). This small difference also refers to the low social status of the women in the country.<sup>15</sup>

As education holds the key to development, women education should be considered more seriously. Comparing the health indicators and empowerment indicators across states, the effect of women empowerment on health can be visualized (Table 1).<sup>8</sup>

Under age girl marriage is 4.8% in Kerala against 41.2% in West Bengal, 42.7% in Rajasthan and 45.6% in Bihar.<sup>16</sup> If we see the sex ratio in the above states, Kerala had 1053 against 898 in Uttar Pradesh, 919 in Bihar and 934 in West Bengal (WB).<sup>17</sup>

Bihar has overall literacy rate of 47% with 59.7% male literacy against 33.1% female literacy. The status of literacy in Kerala is 90.9% total, 94.2% male and 87.7% female literacy against 68.6% total, 77% male and 59.6% female literacy in WB. So Bihar remains way behind in terms of literacy and education against Kerala.<sup>8</sup>

The IMR in Kerala is 11 (per 1000 live births) against unavailable data for Bihar in 2008 and 81 in Uttar Pradesh and 86 in Madhya Pradesh.<sup>8</sup>

In Kerala, 99.3% women are reported to avail antenatal care against 28.1% in Bihar showing the awareness of women about their health and also indicating the availability of health care facilities in the two states.<sup>8</sup>

The reasons for better indicators on all aspects in Kerala over other states could be liberated and educated women who are capable of taking care of the education and health needs of their children and the rest of the family. School attendance in Bihar is low compared to other states. The dropout rate in Bihar is 48 in 1<sup>st</sup> - 6<sup>th</sup> standard itself for both sexes. The proportion of girls getting married before the age of 18 in Bihar is 69% and more so in rural areas this proportion is as high as 75%.<sup>8</sup> The number of children per women in Bihar is 4 against 1.9 in Kerala.<sup>8</sup> The mothers who had at least 3 antenatal care visits for their last birth in Bihar is 16.9% against 93.9% in Kerala.<sup>8</sup> This speaks for all the reasons why the two states are different in all the health indices. The anemia status in the women in Bihar is very high than the anemia prevalent in men in the same state. This proves the gender bias in the state. The domestic violence in Bihar is rampant at 59% against only 16% in Kerala. These are all strong indicators, why a state where women are better empowered and have an active role in the society, is faring far well, compared to the other states. Therefore to conclude, women empowerment should be ensured in all the states as it is identified as a key to progress development for the states and hence the nation.

Table 1: Some indicators related to women from NFHS-3 for some states

	Very young mothers <19 years	Median age of mother at first birth	% Children fully immunized	% Women participate in household decisions	% Mothers received proper postnatal care	% Women experienced spousal violence
Kerala	5.8	22.7	75.3	47.2	87.7	16.4
Tamilnadu	7.7	21	80.9	48.8	89.6	41.9
Bihar	25	18.7	32.8	32.7	15.9	59
Rajasthan	16	19.6	26.5	22.8	29	46.3
Delhi	5	21.7	63.2	52	50.4	16.3
Gujarat	12.7	20.6	45.2	36.6	54	27.6
Indicators for only uneducated women :						
Kerala	*	18.9	*	47.8	*	26
Tamilnadu	*	19.4	78.3	49.7	78.1	52.9
Bihar	35.3	18.3	21.9	35	9.9	63.6
Rajasthan	22.8	19.3	20.5	20.5	19.7	50.4
Delhi	24.6	19.4	44.2	50.4	24.5	28.9
Gujarat	37.9	19.4	27.7	34	36.5	34.3

\* based on fewer than 25 unweighted cases.

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***"I don't believe medical discoveries are doing much to advance human life.***

***As fast as we create ways to extend it we are inventing ways to shorten it."***

**Christiaan Barnard**