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Health Status of Women

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Abstract: **The status of Women in all societies today has emerged as a fundamental crisis in human development, heightened by the complex process of modernization, industrialization and urbanization. Although the exploitation of the discrimination against women is a global phenomenon, the consequences are particularly reflected in developing countries[2]. Poverty, ignorance, deprivation of the basic necessities of life, and new pressures of transition from the traditional to a modern form of society combine to aggregate the inequality among sexes in the countries to a level where the very existence of women becomes a continuous struggle for survival. It was agreed that women were to be the focus of attention since they represented one of the most vulnerable groups in these countries.**

Keywords: **Women, Health Status, fundamental crisis, countries.**

I. INTRODUCTION

It is high time for history to judge the health status of women in the twentieth century. Coming from a time of matriarchal form of society, where women enjoyed many privileges- autonomy, equality, superiority, dignity, property rights etc. Today, the greatest patriarchal form dominates the world - a society in which privileges are the property of men and women are regarded not more than second class citizens. Even then, if you come to the crux of the matter – who is at the helm of things worldwide? Everywhere without exception you will find men and more men heading all the important decision making organizations, whether political, economic or any other. Now, of course, situation is changing for the better. Women have succeeded to some extent and found their voice and place in the man's world, but still one of the reasons why civilization has failed so lamentably down the centuries is because, it has always been a one-sided civilization which is nothing worse than a man governed world less often a women governed world. It neglects the combination of the latent talents of both genders, otherwise world would bring better uniformity. Men and women are meant to complement each other & not to compete with each other. No woman is external to man's life, she is incorporated in it.

However, in the modern society one can visualize a continued lowering of the women's position[1]. In today's social and economic order, there appeared to be built in bias for men,that is translated into varying degrees of prejudice against women. A study carried out by the United Nations states that, women who constitute nearly one-third of the labour force, put in nearly two-third of work hours but receive only a tenth of the world's income and only one hundredth of the world's property.

The status of Women in all societies today has emerged as a fundamental crisis in human development, heightened by the complex process of modernization, industrialization and urbanization. Although the exploitation of the discrimination against women is a global phenomenon, the consequences are particularly reflected in developing countries[2]. Poverty, ignorance, deprivation of the basic necessities of life, and new pressures of transition from the traditional to a modern form of society combine to aggregate the inequality among sexes in the countries to a level where the very existence of women becomes a continuous struggle for survival. It was agreed that women were to be the focus of attention since they represented one of the most vulnerable groups in these countries.

II. WOMEN: A VULNERABLE GROUP, ESPECIALLY IN DEVELOPING COUNTRIES

Great progress was made in human and health development in the 1990 and 2010[3], but the trend in the past decades has been towards growing disparities between rich and poor among and within the countries. The number of people living in

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extremely adverse condition has increased. For women in these circumstances the trend towards the "feminization of poverty" continues. One third of the households are headed by single women and disproportionately fill the ranks of the poor. Despite some positive result from the United Nations Decade for Women, it has become clear that, overall progress has been slow and patchy. The poor condition of women with regard to health and development generally persists or has deteriorated, though it is longer seen as trivial or "merely" a question of prejudice, inequality and injustice, but as a major contributor to ineffective development.

III. THE POOR HEALTH STATUS OF WOMEN IN CHILDHOOD

Inequlaity between girls and boys is widespread, even at the level of sharing family resources such as food. As a result, most girls enter the reproductive[4] age without the physical and social maturity needed for the task of bearing and raising children. Such portion of women are to be identified in the population pie.

Identifying the most vulnerable group in the community is to identify that part of population in which all the elements of vulnerability converged deprivation in health & physical well being, in education & knowledge and in income and economic well being. Hence it's a composite indicator and indicator of outcome as well as of processes. This can be well understood in the form of a simple matrix, where the diagonal depicts the main element of vulnerability; the rows indicate the combination of each element with the others and columns show the flows to each main element.

	HEALTH	EDUCATION	INCOME-EARNING CAPACITY	POWER AND CONTROL OVER RESOURCES	LIVING ENVIRONMENT
HEALTH	High infant child mortality, acute malnutrition, high fertility. Birth incidence of communicable disease, law life expectancy.	Low school participation. High school dropouts, poor attendance, health contribution to school curriculum is poor.	Low productivity, low health care, loss of working time.	Gender biasness in health care.	Negligible link between environment & health, Improper disposal of waste.
EDUCATION	Inadequate knowledge of family planning, nutrition, child/maternal care, health illiteracy, poor access to health facilities.	Low women literacy.	Limited knowledge & poor access to new health resources.	Lack of knowledge to cope with literature environment.	In adequate knowledge of personal & household hygiene, health implication of housing, water and sanitation.
INCOME EARNING CAPACITY	Low income to satisfy minimum food needs/health care needs/maintain & improve human capital.	Low priority for education, low school participation.	Ill paid, low income earning resources and capacity.	Lack of access to & control over economic resources.	Lack of saving to improve the community & household condition.
POWER AND CONTROL OVER RESOURCES.	No/limited decision making power within house hold/community family planning, food distribution, collective action for health.	Gender discrimination in access to education & health facilities.	Lack of collective action in economic activity.	Inadequate community leadership for collective decision making.	Low level of collective action

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IV. MATRIX OF VULERABILITY

Better health[5] is desirable as an end in itself. It also brings substantial economic benefits releasing resources that can be used to achieve other developmental goals. Better health and nutrition raise worker's productivity, decreases the number of days they are ill and prolong their potential working lives. By reducing morbidity and debility various national policies & programs can raise both income and calorie intake of workers. Reducing illness obviously requires resources, but that might yield a large benefit even in narrow economic term, in addition to its human benefits.

Health and nutrition have a large and positive effect on productivity and output because they influence a child's ability and motivation to learn. These effects in turn influence adult productivity. More than 60 percent of pregnant women in Asia and Africa suffer from nutritional[6] anemia. Low pre-pregnancy weight and low weights gain during pregnancy are among the major factors causing law birth weight in developing countries. The incidence of low birth weight averages 15 percent in Africa and 20 percent in Asia compared with 7 percent in developed countries. Low birth weight not only threatens the survival of child but also impedes their growth and development. These are the consequences of poverty in developing countries. Poverty leads to malnutrition[7], malnutrition in-turn diminishes body resistance to infections. A vicious cycle is created where infection predisposes to loss of appetite, weight loss and ultimately to malnutrition. Women deprived of adequate food have weakened their immune system. Due to poor economic condition, they can't afford medical service and couldn't manage to come out of the vicious cycle of disease. So they not only fall ill but they never can manage their ill-state and get into a state of wellness. Illness becomes multiple and chronic.

A report from National Institute of Nutrition reveals that malnutrition is widespread in the country with 40 percent of our children suffering as a result of inadequate diets. It is not that the poor availability of food is the main impediment; the lack of awareness of balanced diet amongst the poor is also equally an important factor. Girls should be taught about the importance of nutrition at an early age of 14 years. So that the trickle-down effect will be beneficial to their children

The key to the health of the new generation is simply the food availability ,awareness among women, health practitioner and the community, which in turn, is backed by proper institutional mechanism to ensure that infants do not suffer because their mother have to work.

It is, therefore, important to examine the extent to which the money poor families spend on health care, which affects the nutritional status and thereby on health and survival especially of women and children.

V. THE DIMENSION OF STATUS OF WOMAN

In a developing country the status of women is determined by three different dimensions. One is common, two others are specific. A major dimension of the status of women in 3rd world countries is seen in their health and reproductive levels, and their educational and employment status. This dimension may be termed as the common dimension, which appears to operate across all countries irrespective of the nature of the society, forms of Government and levels of social and economic development.

This apart, there are two other specific dimensions These dimensions are specific in the sense that, they act independently of the common dimension of women's status. The first is the dimension of equity while the other may be classified as the dimensions of social and economic independence from man. It may be pointed out here that, paid employment alone may not provide a woman social & economics independence from man particularly when the wage rate is low as the case in most developing countries.

More importantly, if improvement in health, education and employment the Constituents of the dimension - do not lead to the social equality and independence of woman, then they may not lead to improve the status of women after certain extent. On the other hand economic independence of a woman and her equal status with man either in the family or in society is not linked with the level of economic development of the community, rather, they act independently and may well have their own causative factors and determinants because economic development alone cannot bring social equality and economic independence. Hence, both dimensions act independently of common dimensions which are directly related to economic development.

It has been recognised that, the participation of women in the labour force is an essential condition for improving women status. However, the paid employment is only a part of the common dimension of the status of women. It is economic independence which acts specifically in deciding the status of women in society. Often, participation in the labour force alone does not mean total economic independence for women simply because of limited employment opportunities and law wage rate as compared to men in reality. It is not paid employment but the involvement of women in the self-employment sector or in the professional, highly paid sector[8] which acts specifically in deciding their position in the society. Being dependent on daily wages for survival, working women couldn't afford the long delay involved in seeking help from a government hospital. They become acutely malnourished; develop infection due to lack of privacy, limited access to water and inability to afford adequate health protection. This seriously disrupts her ability to do strenuous manual work and in addition, the medical treatment proves very costly. Average health affects and limits their ability to carry on their normal daily tasks and to earn a living. This depends on Government policies of universalising school education for girls and creating employment opportunities in the service sector. This may be helpful in raising the income level within the family leading to a better nutritional status of the women.

However, she will continue to depend upon men and will continue to be guided by his motives and interests. Hence, in addition to the employment, women are to be educated to progressively reduce the gender disparities[9], because this will benefit the health of their family. Most importantly in the context of diminishing availability of resources, women have to educate themselves first for their dynamic participation in economic development. But in a country where only **39** percent of the women are literate it would be futile to expect an effective participation. Education of women belonging to minority communities like the tribal women in India and indigenous women in developing countries are affected by various social issue like discrimination of the minorities by the state, negligence and insensitivity to their culture and language, marginalization due to the development process leading to displacement, loss of work, loss of identity and impoverishment on a massive scale.

A conscious and deliberate effort has to be made to educate women politically and help them economically. Education[10] has to be an enabling process, one that is not isolated but holistic, that enables women for collective action and helps then solve their own problems. The concept of education needs to be broadened to include empowerment to make the person whole. Only then one can comprehend the total reality. Today women constitute only a small percentage of the total professional labour force. This may be one of the specific factors for the law status of women as professional attainments, usually associated with higher income and education, are generally linked with status symbol in any society of the world.

Apart from employment and education, health care and health facilities are important determinant of the status of women. Health facilities such as hospital, dispensary, doctors, trained dai (s) as well as distance from the village to a primary health centre PHC or sub centres (SC) , the availability of safe drinking water and collective health care depends on literacy status of the household. Unequal medical facilities in the rural areas show that child- mortality and infant mortality is highest where medical facilities are not available. Gender bias shows the immunisation levels of girl infants are severely low. Similarly ante-natal care at aggregative level is far from any positive impact. The villages which are more than ten kilometers away from the provision of health care (PHC) would be having much lower level of utilisation of health facilities in preventive and curative care. There is an adverse effect on the health status of women in terms of immunisation, which in turn, effects better economic development. On the other hand, the level of female health care is positively affected by the economic development and gender disparity gets reduced with the overall economic development. This brings the element of literacy and educational levels as the contributing factors in determining the health status.

But better income has a cascading positive effect on women health status because, higher income leads to better exposure and opportunity and ultimately leads to better understanding of health and allied issues. Hence level of female health care becomes higher and gender disparity becomes lower.

In order to determine the health status and use of health facilities by women for safe motherhood[11] like ante- natal care, maternity care, neo-natal care, occupational characteristics of household is considered important. More than half of the illness cases were left without medial treatment during ailment. Hence, the non-availability of public health care facilities at the place of habitation adversely affects the women's health during ailment, more specific to those belong to lower economic stratum of society. Female health status is severely effected by factors like poverty, low level of female

participation in economic activity, education, empowerment, kinship system and autonomy and culture. These factors determine not only health status of women but also affect the selective bias against them.

In poor agricultural country people are being least provided with all kinds of health care infrastructure. Sex ratio, sex differences in child morality, rural female literacy rates are found to be quite low. The adverse sex ratio and excessive mortality of female is due to discrimination against females in allocation of food and health care within the household. Poor nutritional status is a general phenomenon observed across all the socio- economic strata. Hence, economic development in itself is not helping much in improving female status. Although better economic development leads to better education, exposure, awareness, opportunities and ultimately will get reflected in better understanding and reduced selective discrimination against women. Secondly, availability of public health care facilities at place of habitation helps in reducing gender bias in preventive and curative aspect of health care. Therefore, the level of women's health care depends on the availability of public health care facilities and their educational and occupational/ employment statue. The percentage of immunized girl infant can be better with a women having more year of schooling, so they can have positive attitude towards girls health care. Hence sex disparity can also be low in such literate households. Educational status of the head of the household will bring a change in the perception of the members of the family towards health care.

Hence, the provision of public health care coupled with educational status/literacy standard or awareness health care programmes can possibly reduce the selective bias against women and improve their individual status.

The Indian family planning programme, though one of the oldest in the developing world, has not made the desired impact. Particularly, states like Rajasthan, Uttar-Pradesh, Madhya Pradesh, Bihar has the poorest family which constitute 40 percent of India's population. Traditional birth attendants play a vital role in the delivery of maternal and child health care service in general, midwifery services, in particular, in the rural areas. Village folks prefer them for their easy availability, approachability and they share their culture and tradition. They are mostly illiterate, completely ignorant about family planning procedures, have low economic status. Due to lack of adult female literacy, especially for the lack of awareness of male sterilisation , it is believed that, women are to be responsible for fertility and. Traditional birth attendants constitute one of the grossly underutilized primary health care manpower resource especially in the field of family planning. Hence people's attitude towards family planning in general as also to the different methods of family planning is quite unfavourable and considered as economic loss associated with advocating it. Information, education and communication activities have been the most neglected components of the family planning programs.

IEC (Information, Education and Communication) of the family planning programme[12] needs to be given top priority for improving the quality of family planning service and follow-up care, improving female literacy, removing religious and social stigmas attached to family planning acceptance and more importantly, improving programme effectiveness.

A perfect intervention by health officials in those acutely suffered villages not only facilitate the process of training and monitoring their participation in the programme, but will also motivate them to contribute towards meeting health needs of their communities. If family planning programme and spacing method are to be promoted, community participation, socio-economic status of people need to be improved and gender biasness are to be removed.

VI. CONCLUSION

World peace and prosperity seem a distant dream. We have miles to go before we can restore a world order of magnitude, where women have a vital role to play. This crusade[13] will take our civilization to a greater height of glory. Women should join hands to decide that they too will have their say in important governing decisions concerning the entire civilisation. Schopenauer was right when he said, speaking of women, "the race is more to her than the individual." Now women take a forward vision and tend to care for the race. Hence, they should cease to be baby producing machine and should think more in terms of contributing to the common good of mankind. If women don't rise out of their slumber even now, then later it might be too late. Playing mother to mankind is alright but a woman's role does not end there. It is of no use blaming men, women have made them what they are and now it is up to them (women) to try and make themselves a little more responsible. It is not the inferior physical capacity of woman which made the man superior to her, but the very complexity of gender biasness which stimulates the man's superiority over women. The existing complexity should, gradually be disappeared by women with their convincing power. So that the strength of men will gradually diminish by the moral strength of women

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