

## **Health And Care Of Women - A Study**

**N. I. NOORJAHAN BEGUM,**

Ph.D Research Scholar, (Part -Time),  
Department of History,

C. Kandaswami Naidu College for Women, Cuddalore

Health is an important factor that contributes to human wellbeing and economic growth. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.<sup>1</sup> A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups. In national and international forums, women have emphasized that to attain optimal health throughout the life cycle, equality, including the sharing of family responsibilities, development and peace are necessary conditions. Women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health.<sup>2</sup>

Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women

and may not fully take account of the lack of autonomy of women regarding their health. In developing countries, in particular the least developed countries, a decrease in public health spending and, in some cases, structural adjustment, contribute to the deterioration of public health systems.<sup>3</sup> The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. To adequately improve the health of women in India multiple dimensions of wellbeing must be analysed in relation to global health averages and also in comparison to men in India.<sup>4</sup>

### **Healthcare in India**

Women are negatively affected by the geographic bias within implementation of the current healthcare system in India. Of all health workers in the country, nearly two thirds are men. This especially affects rural areas where it has been found that out of all doctors, only 6 percent are women.<sup>5</sup> This translates into approximately 0.5 female allopathic physicians per 10,000 individuals in rural areas.<sup>6</sup> In 1992, the government of India established the National Commission for Women. The Commission was meant to address many

of the inequalities women face, specifically rape, family and guardianship. In 2005 India enacted the National Rural Health Mission (NHRM) aimed to create universal access to public health services and also balance the gender ratio.<sup>7</sup> However, a 2011 research study conducted by Nair and Panda found that although India was able to improve some measures of maternal health since the enactment of the NHRM in 2005, the country was still far behind most emerging economies.<sup>8</sup>

### **Gender discrimination in India**

Discrimination against girls, often resulting from son preference, in access to nutrition and health-care services endangers their current and future health and well-being. Findings from the World Economic Forum indicate that India is one of the Worst countries in the world in terms of gender inequality. Gender discrimination begins before birth; females are the most commonly aborted sex in India.<sup>9</sup> Once born, daughters are prone to being fed less than sons, especially when there are multiple girls already in the household. As women mature into adulthood, many of the barriers preventing them from achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in the rural and Women are also seen as less valuable to a family due to marriage obligations. Additionally, women are often perceived as being incapable of taking care of parents in old age, which creates even greater preference for sons over daughters.

Numerous studies have found that the rates of admission to hospitals vary dramatically with gender, with men visiting hospitals more frequently than

women. Gender also dramatically influences the use of antenatal care and utilization of immunizations. A study by Choi in 2006 found that boys are more likely to receive immunizations than girls in rural areas. Indian women are more likely to have difficulty traveling in public spaces than men, resulting in greater difficulty to access services. In terms of women's health in India, males' perceived contribution to household productivity is higher than that of women, which ultimately affects the bargaining power that women have with regards to accessing healthcare.

## **Breast cancer**

India is facing a growing cancer epidemic, with a large increase in the number of women with breast cancer. By the year 2020 nearly 70 percent of the world's cancer cases will come from developing countries, with a fifth of those cases coming from India.<sup>10</sup> Much of the sudden increase in breast cancer cases is attributed to the rise in Westernisation of the country. Additionally, problems with India's health care infrastructure prevent adequate screenings and access for women, ultimately leading to lower health outcomes compared to more developed countries.

## **Reproductive health**

Reproductive health is the health that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health eludes many of

the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.<sup>11</sup>

Poor maternal health often affects a child's health in adverse ways and also decreases a woman's ability to participate in economic activities.<sup>^</sup> Therefore, national health programmes such as the National Rural Health Mission (NRHM) and the Family Welfare Programme have been created to address the maternal health care needs of women across India. The primary reasons for the high levels of maternal mortality are directly related to socioeconomic conditions and cultural constraints limiting access to care. With higher literacy and growth rates tend to have greater maternal health and also lower infant mortality.

### **Reproductive rights**

The most common fetus that is aborted in India is a female one. The preference for sons over daughters in India is rooted in social, economic and religious reasons. Women are often believed to be of a lower value in society

due to their non-breadwinner status. Financial support, old age security, property inheritance, dowry and beliefs surrounding religious duties all contribute to the preference of sons over daughters.<sup>11</sup>

## **HIV/AIDS**

HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective. As of July 2005, women represent approximately 40 percent of the HIV/AIDS cases in India.<sup>12</sup> The number of infections is rising in many locations in India; the rise can be attributed to cultural norms, lack of education, and lack of access to contraceptives such as condoms.<sup>13</sup> The insistence of a woman for a man to use a condom could imply promiscuity on her part, and thus may hamper the usage of protective barriers during sex.<sup>14</sup> Furthermore, one of the primary methods of contraception among women has historically been sterilisation, which does not protect against the transmission of HIV. Due to higher rates of illiteracy and economic dependence on men, women are less likely to be taken to

a hospital or receive medical care for health needs in comparison to men.<sup>15</sup> This creates a greater risk for women to suffer from complications associated with HIV.

### **Cardiovascular Health**

Cardiovascular disease is a major contributor to female mortality in India. Women have higher mortality rates relating to cardiovascular disease than men in India because of differential access to health care between the sexes. One reason for the differing rates of access stems from social and cultural norms that prevent women from accessing appropriate care. A study conducted by Pednekar *et al.*, in 2011 found that out of 100 boys and girls with congenital heart disease, 70 boys would have an operation while only 22 girls will receive similar treatment.<sup>16</sup>

### **Mental health**

Mental disorders related to marginal ization, powerlessness, depression, measurements of self-worth and poverty, along with overwork and stress and the growing incidence of domestic violence as well as substance abuse, are among other health issues of growing concern to women.<sup>17</sup> Numerous factors affect the prevalence of mental health disorders among women in India, including older age, low educational attainment, fewer children in the home, lack of paid employment and excessive spousal alcohol use. Indian women suffer from depression at higher rates than Indian men. Indian women who are faced with

greater degrees of poverty and gender disadvantage show a higher rate of depression.<sup>18</sup>The difficulties associated with interpersonal relationships most often marital relationships and economic disparities have been cited as the main social drivers of depression. Furthermore, women who already have a female child often face additional pressures to have male children that add to their overall stress level.

## **END NOTES**

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