

HEALTH STATUS OF INDIAN WOMEN- AN ANALYSIS

AKANKSHA SINGH¹& T B SINGH²

¹Research Scholar, VBS Purvanchal University, Jaunpur, India

²Professor, Department of Sociology, MGKVP, Varanasi, India

ABSTRACT

In particular, with industrialization and subsequent globalisation, Indian women's health, education, employment, and status have significantly improved over time. But, compared to healthcare for men, females fare far worse. Many programmes have been put in place to enhance the health of women by succeeding governments, which have noticed the disparities in health metrics. The residual effects of feudal society are being carried forward in Indian society concurrently, but globalisation and commodity production has challenged these traditions and customs. Our analysis is the discriminative health status of Indian women due to the cruelty and arrogance of mothers-in-law, then the exploitation made by the capitalistic society. Primary and secondary data have been used to prove it in different manners and the arrogance and capitalistic exploitation leads to the poor status of women in advanced and globalised India.

KEYWORDS: Gender, Exploitation, Capitalistic, Empowerment, Globalisation

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INTRODUCTION

There are distinct classes beneath the female class categorisation in a capitalistic society, first, the elite class female second middle class housewife cum working lady and third and worst a poor class housewife cum working female. This division of females has been carried forward by Indian male dominant society for centuries. But the flattering of the world through industrialisation and later globalisation has challenged its shape and structure. Universal character and status of women's society is interrelated perceptions of the creation maintenance and destruction is the universal character of the women hood. These natural qualities are interlinked within them. Though the baby child is the nucleolus of the father and she will be grown under the security of the father. After marriage, she will be under the security of her husband. She will give birth to a son after marriage, and that son will feed his mother, when she dies, the son will burn her body [1].

Thus the women's cycle changes in different formations as the best-known stereo types consisting of fertile plains nurturing mothers and destructive widows. The mother viewed us as pure or impure sinister or beginner, creative or destructive or opponent, goddesses or witch. Thus cares for the various forms of women in the universal community. Their relationship in between ideology and behavior is their task of them. In this way, thus the above views and analysis have proved that women ship was geared everywhere by the men's society, which is a clear picture of human attitudes.

The health of the women in the neighbourhood has significantly deteriorated [2]. Clarifying the basic rights of women in society is the main goal of this essay. These days there are two kinds of observation common in Indian society about the female. A distinct view over the need of women's empowerment is being felt as well.

Globalisation has affected every sphere of society, female is no exception to this impression.

Whether these rights have reached or not to the concerned group? The health atmosphere of the women and how it has reached its extent or not.

Maternal mortality rates have decreased somewhat, and several indicators of infant health have improved, according to a thorough study of national data. While concurrent increase in female foeticide in a few developed states like Punjab and Haryana.

The present study is an effort to observe overall health factors which were changed in different manners and also reviewed to find out the measures of the health status of women. The genetic factors are switching the above causes of the real health changes and their reasons. Most of the incidences are due to the defects of birth as well as environmental factors developed. The socio-psychological domains are the real factors which could be thrown away by educating women. Only then could the true health situation of women in society be determined. Data broken down by gender reveals that there are gender differences in numerous indicators, with men faring better than women overall. For girls, there is a greater disparity in the rates of prenatal, neonatal, and under-5 mortality. After accounting for economic, political, educational, and health disparities among 128 nations, India came in at position 114. India has performed considerably worse, ranking 122nd in just "economic participation and opportunity," dropping it into the bottom 10. The nation dropped from the 98th position in the overall rating in 2006, when there were 115 countries in the index. With a gender equality rate of 81.5%, Sweden tops this year's Gender Gap Index. It is followed by Norway, Finland, Iceland, and New Zealand. Bahrain, Cameroon, Burkina Faso, Iran, Oman, Egypt, Turkey, Morocco, Benin, Saudi Arabia, Nepal, Pakistan, Chad, and Yemen are among the nations placed below India, with the lowest gender equality rate of 45.1%. India has a gender equality rate of 59.4% overall, but only 39.8% for economic involvement and opportunity, says the report [3]. There is evidence of girl infanticide and foeticide. Girls are frequently undernourished and admitted to the hospital at a later stage of their diseases than males. Significant predisposing factors for postpartum depression include the birth of a girl and the inability to conceive a boy. Three times as many young women as young males commit suicide each year. It is usual to see violence against women and girls.

The National Rural Health Mission is one of many programmes that offer care for women, particularly during pregnancy and after childbirth. Family planning programmes provide services for women that are related to contraception, enhancing their health. Due to contemporary cultural activities, socio-psychological phenomena mostly affect rural impoverished women's societies and urban women's concerns. Their daily pressures and psychological emotions are frequently connected. Adult literacy, school enrollment, and attendance rates are lower for women and girls. These lower percentages are caused in part by the long commute to school and the resulting concern for physical safety, the lack of restrooms in classrooms, the dearth of female teachers, and the treatment of girls as second-class citizens.

Right of Women (citizen) in Indian Constitution

The Indian Constitution establishes the groundwork for laws protecting women in the workplace and other related legislation. Such provisions are mostly incorporated into it through the use of fundamental rights. The Indian Constitution encourages gender equality while also pressing the government to safeguard the weaker parts of society. The Indian Constitution's articles below focus on women and their constitutional rights [4].

The constitutional provision for the fundamental rights of Indian citizens:

- **Article 15 (1)**

- The rights of people are protected by Article 15(1) of the Constitution, which forbids the state from discriminating against any citizen on the basis of gender, among other reasons including race, religion, etc.

- **Article 15 (2)**

Any citizen cannot be subjected to a gender-based handicap, liability, restriction, or condition, according to Article 15(2). This relates to entering public spaces like eateries, stores, etc. It is also effective when using public utilities like wells, highways, and other locations that are entirely or partially maintained by the government or with money allocated for public use.

- **Article 15 (3)**

Article 15(3) The State may make exceptional arrangements in favour of women and children under Article 15(3). (For instance, reserving seats for women in public bodies or providing free elementary education for kids.)

- **Article 16**

In accordance with Article 16, every citizen shall have an equal opportunity to be hired or appointed to any position held by the State. Furthermore, no citizen shall be denied rights or subjected to discrimination on the basis of gender.

- **Article 51A's fundamental obligations; Article 51 (e)**

Every person has a fundamental duty under Article 51A (e) to repudiate behaviours that are offensive to women's dignity.

- **Article 243, along with Articles 243D and 243T.**

The State provides for the reservation of seats in Panchayats and Municipalities for women from scheduled castes and scheduled tribes by Articles 243D and 243T, respectively.

The Directive Principles of State Policy are guidelines for the central and state governments of India that they should keep in mind when drafting laws and policies. Although they cannot be enforced by a court, these are essential to the nation's government. The State Policy's Directive Principles include provisions for:

- **Article 39**

- Article 39 requires the State to direct its actions towards the security of all people without making distinctions between men and women.
- An equal entitlement to appropriate means of subsistence. (See Article 39(a))
- Fair remuneration for comparable work. (See Article 39(d))
- Workers' health and strength, and making sure they are not compelled by economic necessity to engage in occupations that are not compatible with their capacities. [Article 39(e)]

- **Article 41, 42 & 43**

- Immediately on the job. Provision for fair and decent working conditions and maternity leave (Article 41). (Article 42) Providing workers, particularly women workers, with a living wage, a fair standard of living, and access to leisure, social, and cultural opportunities. The 43rd Article

The National Commission for Women (NCW) was established on January 31, 1992, by the Government of India by an Act of Parliament called "The National Commission for Women Act 1990." It is a statutory and autonomous agency. (Act 20 of 1990). The NCW's main goals are to protect women's rights, work for their justice, and advance women's empowerment, including assistance with health-related issues.

In general, the present status of Indian females:

It is important to have a look agricultural the statistical facts and data that reveal the present status of Indian women and their position in Indian society [4].

Labor force: 22% in services and government, 18% in industry and commerce, and 60% in agriculture

India has a 1.15 billion-person population, with 32% of that population under the age of 15.

65 years is the average lifespan.

Focus on reproductive health

The total fertility rate, or the average number of children a woman will have in her lifetime, is 2.8. For married women aged 15 to 49, the prevalence of contraception is 2.8. (Modern techniques) 49%, 56% (all methods)

Lifetime Risk of Death from Maternal Causes for Women: 1 in 70 births were attended by trained medical personnel: 47%

Focus on young people

34% of females between the ages of 15 and 19 who have ever been married.

28% of females under the age of 18 had given birth.

Young individuals (15–24) using condoms during high-risk sex (2000–2006): 59% males, 51% females

Focus on gender

Women (ages 15 to 24) have a literacy rate of 65%.

80 percent of men (ages 15 to 24) are literate.

In the period 1995 to 2002, 86% of men and 41% of women who were 15 or older were economically active.

Estimated years of formal education for women: 10

The estimated income gender pay gap is as follows: 31

Women's representation in national government (percentage of seats held by women): 9%

Health status of Indian Female

After reviewing all the literature which was collected we have analyzed the very poor health status of women in Indian society and found that it is a great drawback of our social developmental programmes and society. The various authors and scientific workers have reviewed the parallel reasons. In this context, health phenomena and mal-nutritional causes are all the major threats to the women's health status. A study was conducted by the agricultural centers for disease control in Atlanta. According to their report, people who truly have suffered from fatigue were those who lost their agricultural during the last six months. Any further medical or mental illnesses, such as acute non-viral infections, depression, hormone abnormalities, drug misuse, or exposure to hazardous chemicals, have been ruled out. A headache unlike any other pain; joint pain without joint swelling or redness; complaints of forgetfulness; excessive irritability; confusion; inability to concentrate or depression; disturbed sleep; chills or a mild fever; sore throat; painful or uncomfortable lymph glands; fatigue for at least 24 hours after previously tolerating exercise; a headache unlike any other pain; and such s After all, some of us ought to feel exhausted due to our lifestyles. If a mother of three only gets four hours of sleep per night, she will undoubtedly be physically fatigued. Exhaustion might also result from psychological stress.

Madhya Pradesh has the highest Infant mortality rate 97 per 1000 live births, as per the data of 2001[6]. While the same is 28 in case of Gujarat.

Uttar Pradesh, have the highest maternal mortality rate 707 per 1 lakh live births as per the data of 2001[7]. The reason for these pre-birth deaths should be a serious concern for the policy makers as to how the death toll has increasing trend in the global world.

All health symptoms among those indicated above which were presented in them were due to major causes of the socio-physiological tensions and the burdens of the family and behavior patterns of the life of the women. The major suffers in the social life in the universe research women. The modern living system is also a real cause for their suffering with health related problems. Some studies have analysed the major cause for their suffering due to mal-nutritional causes.

The Allergies, embracement of fatigue mental stress and burning emotions, were all the major factors for the derangement of their health. The abuse factor is not only in western countries, but it is mostly personal in developing countries like India and other Asian nations.

In our country, the women problem of development has been reviewed and found that there are very few women who want social assistance rather than income/employment-generating programmes, women (mainly belonging to the poorer sections) who are neither willing nor capable of taking up self-employment programmes and who wage employment, women who have limited education / literacy / enterprise to take up self-employment programmes.

The programmes for the development of the socio-economic factors and providing them the self-management capacity to get emancipation from the emotional and tensioned life by depending on others are not proven sufficient. They have been given employment opportunities to improve their financial condition of land less household and female labor. But our data reveals that the type of results are mixed in nature i.e. women getting empowered but not at par with the developed countries.

Future of Females in Indian Society

Thus, the women society needs to wipe out the problem of their needs, by observing their health status. Different

organizations and governmental programmes may be helpful in the manner of the uplifting of the health status of women in Indian society. Many researchers have opined about the outcomes of industrialisation, urbanisation and now globalisation, as they will transform the traditional Indian society as it has already transformed completely in the developed countries. There are a few researches into the hypothesis that how the patterns of the family are changing have been carried out, but a few suggestive facts may be noted [8]. He agreed with the fact that technological or industrial change is a great factor in the family or social change [9].

As per the report of the United Nation globalisation is affecting basic institutions like family in South Asia [10]. The report has distinguished remarks on the changing patterns of the role and status of females and children in Indian families.

The impact of globalisation on social change is discussed by Nandita Bhan in her article "Globalization, Social Change, and India's Elderly Some Debates from Equity and Health" [11]. However, there are divergent points of view among researchers in the field. For example, Amartya Sen [12] has argued that young people who are poor and/or live in rural areas are more likely to experience what he has dubbed the "un-freedoms" of poverty, lack of access to healthcare, education, and limited economic opportunities.

Present Case Study of Kanpur City

We have conducted a survey in Kanpur city of Uttar Pradesh to find out the position of the female in Indian families in the era of the globalised world and found that globalisation and information technology has drifted the traditional thinking of Indian families toward the right of the female gender.

Views on the various aspects like education, health, socio-economic condition and status of a female member in the family of respondents have gathered through the detailed interview schedule among 260 households of the city that is based on random sampling method.

It was asked to the respondent whether the female member of their family is doing a job then what will be the reaction or feeling among other family members. Detailed research mythology could not outline due to the restriction of the word limit in this paper.

Table (A): Views on the Changing Role of Female Member in the Family of Respondent

Response	Frequency	Percentage
Yes	160	61
No	100	39
Total	260	100

Table (A) shows among all the respondents, 61 percent said that women should be given proper importance equal to the male members of the family, and they think it will support for the formation of healthy family and consequently society. It also shows that women are getting better care in certain sections of society. Rest of 39 percent respondents said that women should not be given such freedom and position in the traditional system because it may harm the family and it also disturbs the balance of the family. The family system of Indian society clearly not accepting the working of female completely, and want to keep the female within the boundaries of the home or so called family.

It was also reported by the majority of respondents that there is still a tendency of not providing proper medicinal care during sickness for the female members of their family, while male members are being taken care of properly.

It was opined by some of the respondents specifically females that we want to participate in most of the day-to-day activities of routine life but they are traditional customs that prevent them to do so, female is ready to work but other males in the family are opposing and forcing them to marry and to take care of family work like taking care of kids and cooking food. A little percentage of female gets the opportunity of employment after marriage as she has to still look after their husband and then their children. The females who are ready to accept this double duty are allowed to do so.

CONCLUSIONS

Thus the relationship of Indian women with males has remained as a daughter, sister wife, or as mother. They are depending upon the male and social norms that have been created for them since ancient feudal patriarchal society. In India, it has been observed that dowry deaths or suicide are the major factors in the degeneration of women's healthy life. The male society is always guarding her in each part of her life. But when she sent to the house of mother in laws, her illness of socio-economic factors is burdened her and also burn her after continuous exploitation. But the mother in law also being a woman, if she is cruel to her it is arrogance by the women on the women, spoiling the health status of the women in the capitalistic society. It will be realized by the mothers-in-law that the whole women's society will be a secured healthy life. A long distance is to be traveled consciously by Indian women as far as her emancipation from all sorts of discrimination. Our data is confirming the changes that females and their role in the era of globalisation in India is being alarming. Indian society is going to have some more dynamic changes as far as the position of female is concerned that includes her awareness of the natural rights as human beings irrespective of gender.

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