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Gender Inequality and Impact on the Right to Access to Health Care Services and Nutrition of Women

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Abstract:

Tribal communities in India are economically and socially backward and mostly live in forests and hilly terrains isolated from the other elite communities. They have their own way of living and different socio-cultural and eco-geographical settings. Lack of proper education and health facilities, faulty feeding habits, certain irrational belief systems, and special tribal chores are likely to aggravate their health and nutritional status. Tribal women, in general, enjoy better status in society than the general caste people because they exercise a decisive role in the family (mother work), society (social work), and economy (other work) in India. However, the ideological devaluation of women's contribution and reorientation of gender and sex have brought about concomitant drastic changes in the status of women and their empowerment in different dimensions of deprivation and exploitation and imposed restrictions on daily folk-chores of life. In a few communities, a definite decline has been observed threatening their very existence. This decline may not be due to a low level of fertility but rather a high level of mortality and illogical health practices. The success of dynamic tribal development is dependent on various factors like improved literacy rate, sustainable socio-economic status, women's empowerment, better health care, and other human resource indicators. It is desirable to make reproductive health care accessible and affordable, extending basic amenities, empowering women and enhancing their employment opportunities, and providing transport and communication facilities.

Keywords: Tribal community, Woman Empowerment, Gender Justice

INTRODUCTION:

The women in India undergoes pathetic phase irrespective of age and marital status and it is a known fact at global level. The World Economic Forum while considering the status of gender equality around the world has placed our nation at the bottom of 113th position out of 130 registered nations like Bangladesh and the UAE¹. The highest rankings nations like Norway are characterized by outstanding achievements like job opportunities, promotion of education, good politics and health for all irrespective of gender parity. On contrary our nation has scored quite well in sphere of political empowerment by ensuring 33% reservation for women in Gram Panchayats, areas of economic participation and development as well as health and hygiene, but still women in India are worse off than all of the counterparts. Our nation stands at the least



position of 128th out of 130 in the area of health and hygiene of women and children.

Gender bias includes any kind of verbal or physical force, coercion or life-threatening deprivation, aimed at an individual irrespective of a girl or woman or boy. This deprivation leads towards traumatic situations like suicidal disorder, panic psychological condition, depression and sometimes insomnia.

The gender difference does not result due to sex variation but due to stereotypes and social attributes prevailing in our society since long back. The biological differences in male and female are incapable to create preferential and discriminative environment human being in the society. In fact, gender as a concept is socially learned behavior associated solely with men and women with the expectations and based on the same the Indian society is structured with roles and identification ascribed by mainly two sexes. The expected behavior is based on pre-conceived notion from each sex and there is discrimination in vesting power and control in the family and community too. Males and females do not enjoy the enshrined right of equality in terms of decision making, access to and control over various kinds of resources in the family. They are least considered important in matters of pregnancy, abortion, delivery, contraception, etc. Multiple child births at short intervals and illegal and unhealthy abortions often results in adverse consequences like high level of anemia, urinary tract infections and cervical cancer, uterine prolepses and urinary incontinence.

This marginalized position of women in the Indian society deeply influences their status of health and hygiene. High expectation of child bearing and rearing leads to early marriage, repeated pregnancies, abortions (sex selection attitude) and reproductive complications. Moreover, lack of proper nutrition and health either due to economic crisis or lack of freedom, no rest during and after delivery and overloaded work pressure aggravates women's reproductive health.

Prevailing and growing gender inequality in every sphere setback the achievement of the Millennium Development Goals. A thorough commitment towards woman empowerment and gender equality actually hold the key to achieve these goals. Unless gender equality becomes a determined standard against which all public decisions and outcomes are gauged, empowerment of women cannot be ensured. This will demand for revolutionary and positive attitude where they are absent, and existing norms must be enforced to make sure that women must be getting their due in politics and governance, in access to public services, in economic opportunities, justice, and even in the distribution of assistance for development and security.



GENDER BIAS IMPACT ON HEALTH

Change can never be forced at personal level therefore laws are enacted and enforced in the society. The social change can be brought by improving the workable social status rendered to the girl child and females, through compulsory education and schooling, health and hygiene, employment opportunities, and substantive legal equality. But with this practice, a stringent watch and follow-up is required to monitor and punish doctors practicing the most heinous and inhuman crime known to modern Indian society as female feticide.

The child sex ratio seems to the negative inclination and calls for emergency concern for anthropologists, population scientists, policy makers as well as planners. Increasing sex selection trend and rapid practice of female feticide has resulted in low sex ratio in India. Female feticide or sex selective abortion is the killing and removal of the fetus of female child in the womb before. The declining child sex ratio is the outcome of various affecting factors such as neglecting female child and it results in higher mortality rate in their early ages, female infanticide and female feticide. Female feticide is the practice wherein the female fetus is surgically removed after prenatal sex determination and killing the girls before their birth. Familial pressure of sex selective abortion and continuous decline in the child sex ratio clearly indicated the practice of female feticide in India.

Factors responsible for Female Feticide in India:

- ❖ The craze of male child and social pressure
- ❖ The discrimination of the girl child by family
- ❖ The socio-economic and physical insecurity of women in society
- ❖ The evil of dowry prevailing in the society
- ❖ The single mother family and worry of girl's marriage
- ❖ Easy access and affordability for surgery and pre-natal sex determination test
- ❖ Non-compliance of medical ethics



- ❖ The two-child policy of the Government

Declining sex ratio and consequences in the society:

- ❖ Dropping number of girl child in the society that may result in rise of sex related crimes against women
- ❖ Rise in the crimes like rape, abduction, bride selling and trafficking, forced polyandry, prostitution, etc.
- ❖ Rise in trade of prostitution, sexual exploitation and increase in the number's diseases like STD and HIV/AIDS
- ❖ Increase in the social crimes against women which may result in various physical, physiological and psychological disorders in females
- ❖ Ill health of women as a result of forced and repeated pregnancies and abortions

It is the basic human right of every woman to have the access to the highest quality and standard of health, safe and hygienic reproductive choices, and standard healthcare. There is an urge to give a thought on preventing unsafe abortion, improving critical care treatment and reducing adverse consequences. A step for women empowerment should be taken to increase easy access to services that enhance women reproductive and sexual health and to provide hygienic and conducive environment by introducing the new technologies, training, research, and technical assistance. It should incorporate the following aspects:

- ❖ It should implement and support women centric reproductive health policies for the betterment of women
- ❖ It should ensure the quality and sustainability of health care services
- ❖ There should be long-term availability of reproductive health technologies
- ❖ Active involvement of women for promotion and improvement of health care services



All in all, woman empowerment is the empowerment and development of the family and the nation. Rural and tribal women enjoy better status in the society than the general caste people because they exercise decisive role in the family due to mother work and in society due to social and economic work. But the stereotype and ideological devaluation of woman's contribution and bias of gender and sex has resulted in drastic change in the status of women and their empowerment in different dimensions of participation prolonged by deprivation and discrimination and imposed restrictions on daily folk-chores of life.

Water crisis is at the height in remote areas and as a result many households lack easy access to water in or near their residency so women spend on an average about forty billion hours every year for water collection. The magnitude of wasted human efforts involved in fetching of water indicates that women spend time in securing such a basic necessity of life is equal to the efforts of a year's labor by the entire Indian workforce for livelihood.

The data on the advert impact of environmental degradation and climate change on rural and tribal women is scaring. The women's time burden rises if drought, floods, heavy rainfall and deforestation shake and disturb the supply and quality of natural resources. This is due to the sole responsibility of women to ensure household food security and to do the bulk collection of water and household fuel.

GENDER BIAS IMPACT ON REPRODUCTIVE HEALTH

The second most worrying global fact is that maternal mortality is dropping too slowly by just 0.4 per cent per year, compared to the 5.5 per cent required to meet the MDG to improve maternal health. The responsible factors for the vulnerable situation are more distance between health service centers and schools and high accessing cost, as well as male oriented agricultural services. The efficacy of government responsibility is seen in the service delivery that responds to women's needs. But this is a complicated and less effective challenge in many parts of the world including India. The very meaning of accountability undergoes a shift when it comes to the feminine concept because women's experiences and perceptions are significantly different from those of men. So, women witness higher levels of corruption in public services.

Maternal Mortality Ratio (MMR) is the number of maternal deaths (during pregnancy, childbirth, and puerperal period) per one lakh live births. Unfortunately, there is no reliable and significant data available on these aspects even on general population in India so shaping the issue of rural and tribal community is the complicated question. On an average if, we take the most conservative estimate of 400 per one lakh live



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births which is in the lower side, even in this case too more than one lakh women die every year in India due to adverse consequences related to pregnancy and child birth.

Four mothers die against every 1000 live births each year in our country. A woman loses her life every five minute just due to complication attributable to pregnancy and child birth. According to an estimate, each woman who dies at tender age and other alive women develop chronic debilitating conditions that seriously affects the quality of life.

There is the need of an hour to examine the maternal mortality rate and to analyze where India has been proved so worst and critical. India is at the highest rate of 450 at global level and limited access to quality health care is the clear evidence against it. Women in our nation expect to live healthy and longer life than a man but in rural and tribal regions, women outlive men by as much as five to seven years and this is hardly as uplifting a statistic as it may seem.

The World Economic Forum report measures the frequency of paternal versus maternal authority in India and unsurprisingly our nation is awarded with the worst possible score on that account, showcasing the orthodox and rigid pattern of an extremely patriarchal society. This is also the leading, warranted and indisputable factor in the light of our heinous activity of honor killings that still occur in our society. Even sex ratios in some richest parts are skewed too in favor of males and proves that only economic growth cannot result in better lives for women in society.

Nearly 12% of all maternal deaths are the result of complications due to unsafe abortions in India. About 20% maternal deaths occurred due to Anemia. 13% are the result of toxemia, 13% happens due to puerperal sepsis and 23% women die because of excess bleeding during pregnancy for of maternal deaths.

Maternal mortality is high in those communities in which fertility and multiple birth are also high. Maternal mortality is high in those communities in which children are born to tender aged women and with less interval time between child births. Lack of interest by men and their families results in poor utilization of prenatal, natal and postnatal services for the pregnant women and she suffers from various diseases and related complications. This happens for two reasons, mainly they are unaware of the importance of seeking preventive care else they are simply indifferent and do not want to care at all. In 25% cases of the maternal deaths in our country, family members were hardly aware of the seriousness of women's sensitive situation



and took no action for any medical precaution.

EMPOWERMENT OF WOMEN

Education is the key to development and it should reach in parity to ensure gender equality and empowerment of women. But reality picture of political representation and employment is still in a blur form. Greater political representation of women empowerment and gender equality mutes the voice of women's issues in policy making. Taking into consideration the present scenario, an assumption states that it will take nearly around forty years for women in developing countries to reach the parity zone upto 40 to 60 per cent of seats in state assemblies and in the parliament of the country.

The National Population Policy and Reproductive and Child Health flagship program in our country has showcased a positive shift from earlier demography-based target oriented coercive policy to the emphasis on developmental aspects like human development, gender neutrality, adolescent reproductive health and rights and development issues for population control. The female age at marriage hardly meets the legal criteria of minimum 18 in comparison to that of men of 21. Age at marriage affects the consequences on fertility rates, child bearing, and other health issues such as infant and maternal mortality.

The beginning of menstruation cycle and biological changes is the milestone for female to enter into the institution of marriage. Women are forced to have children soon after their marriage in order to prove their fertility and worth of marriage and hence adolescent age wedlock becomes synonymous with adolescent child bearing age. Early marriage and pregnancy have adverse effects on the health of mother and child. The high mortality rate of maternal, neonatal infant and child are positively linked with early marriages and pregnancy. Girl child education, hygienic rearing and bearing environment, investment on social and economic prospects and self-esteem enhancement can do a lot of improvement in their health, nutrition and over-all development.

IMPACT ON NUTRITION

A healthy diet that provides sufficient number of calories and micronutrients is essential for a woman with pregnancy to be successfully carried till birth of a child. Proper nutritious diet and avoiding unnecessary pregnancy related stereotypes and social taboos can reduce serious and harmful complications during pregnancy and after child birth.



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Infant mortality rate is the most important index when there is the concern of showcasing the level of socio-economic development and quality of life. The high and low of IMR states the availability, utilization and effectiveness of the healthcare services and are the best indicators for quality measurement during perinatal, natal and post-natal care. Non-availability of access to qualitative health care service and intentional undernourishment of woman and girl child due to rigid social taboos and related adverse consequences are responsible for infant mortality. Poor maternal health of woman leads towards low birth weight of a child and premature deliveries. Infant and childhood diarrheal diseases, acute respiratory infections, poor hygiene and malnutrition are contributing factors for high infant mortality rates in our country.

The health and hygiene are mostly affected by the habit of food intake and food and nutritional insecurity are responsible for poor life cycle and health. When a child is put into a habit of other food from mother's milk, the nutrition, protein and energy requirements are not met properly. The proper growth of a child after six months of age requires extra energy which cannot only be fulfilled by breast milk and as a result energy gap increases due to inappropriate complementary and supplementary feeding practices in a child. Technically it is known as Protein Energy Malnutrition (PEM) which is very commonly known as malnutrition. The onset of malnutrition starts from the period between 7 and 8 months of age and if not handled and cared, the consequences persist for life long. Looking at the prevailing system of our society, where gender inequality and bias are at par in families, the male child may fulfill this nutritional loss but the same cannot be in the case of a girl child. In rural areas, girls are mostly married off before the mature age prescribed by the law and hence also become mothers in pre-mature age due to familial pressure. The consistent lower nutritional status of mother results in further addition of poor nutrition by the birth of a child and both suffers the poor health consequences. This is the pathetic reality of our nation and the most vicious cycle of health which moves from generation to generation and exhibits poor status of health of women.

The food intake habit and style of particular community impacts the nutrition level and security of people. The dietary patterns of certain communities do not meet the required nutritional needs in terms of quality as well as quantity for minor and major nutrients and affect the health and nutritional status of the community at large. Low dietary intake and undernourished woman has adverse effects on the health of both mother and child.



DEVELOPMENT DYNAMICS AND HEALTH

Curving population growth is not a goal but it is only a mean to development. The success of dynamic development is depended upon various factors like higher literacy rate, growing socio-economic status, woman empowerment, easy access to qualitative health care services and other quality life indicators. The vision is socio-economic enrichment and improvement the quality of life of people irrespective of community and to enhance their well-being and to provide with the opportunities to become productive assets in the society. It is much desirable to make easy access to qualitative reproductive health care services at an affordable value for all, rise in education for girls, extension of basic amenities, women empowerment and increase in employment opportunities, as well as providing the transportation and communication facilities.

The narrowness of gender gap increases the country's productivity, economy and health. Major investment in health and education are essential for development of nation. The progress is impossible until we enroll girl child to school and promote education for equal with that of male child. As long as our country regards women subservient to men in a patriarchal society, we will find it difficult to achieve the global power status of woman to which we so aspire since long back.

CONCLUSION:

Thus, the women in India has been facing the adverse impact of gender differences and are discriminated at every stage in every phase of life, irrespective of parental family or in-laws. The differences range from access to basic amenities to the nutrition level in women of all ages. There is a requirement of strict laws and policies to bring equality where it comes with the question of health and hygiene of women because it impacts larger on health of unborn and newly born child and family.



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