

Research Papers



“Effect of Globalization on Women's Health in India.”

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Abstract

health and prosperity are meant for everyone but it is too sad that this has always been neglected in the case of Indian women. Women have continued to occupy a secondary and passive role in the patriarchal structure in Indian society. Especially when the society is diverse, multicultural, overpopulated and undergoing rapid but unequal economic growth.

Gender inequalities pervade through the entire spectrum of society. Poverty, geographical locations, social exclusion based on gender, sexuality, disability interact closely with factors like work, housing, environment, education to determine women's health. It is important therefore to understand how women are particularly impacted and their health outcomes. There is a critical need to look at women's health holistically and some of their social environment and lived experience towards understanding their health problems, as against adopting a narrow biomedical approach.

The status of women health is largely reflected by the indicators like female mortality and morbidity, disease burden, reproductive health and encompassing reproductive behaviour, contraction, abortion, maternal mortality and morbidity, gynecological morbidity and infertility ; nutrition, work environment, poverty, sexual harassment and violence against women and its consequences for the health care system of women. Malnutrition of often caused by the gender discrimination in food distribution, presents a serious threat to health of girls and women. Women's risk of premature death and disability is higher during their productive years.

Mother mortality rate (47) and Infant mortality rate (70) coupled with educational backwardness of women's result in low social and economic status limiting the women access to education, good nutrition, family planning services and health care.

This paper attempts to review the effect of growing socio-economic and cultural inequality in Indian women and its effect in their health care system due to globalization and liberalization in the patriarchal Indian culture. It compares and contrasts both the positive and negative outcome in the Indian context from the women stands point. (Table – 1)

Table – 1

Indians share of the world's Health problems

Sr.No.		Percentage of world
1	Population	17
2	People living in poverty	36
3	Total Deaths	17
4	Under five mortality	23
5	Maternal deaths	20
6	DALYs lost	20
7	Death preventable with childhood vaccinations	26
8	HIV Cases	14
9	Tuberculosis cases	30
10	Leprosy cases	68

Source – World bank, 2010

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The socio-economic and cultural determinants of women's health have played a lead role in the persistence and strengthening of health inequalities, which are as follows determination.

1)Gender discrimination :- The role of women in the traditional societies has been characterized by dependency, inferior social status and overall sufferings. In reality, they have faced systematic discrimination and institutionalized exploitation at the hands of the male members of these societies. Rural women work for longer hours than men. On an average, women contribute 46 percent on agricultural industry and domestic work ; men 37 percent and children 17 percent. But, in domestic activities alone, women contribute half the total human hours spend and men and children a quarter each. A study from plains of western UP : an agriculturally prosperous area – shows that even pregnant women spent 14-16 hours working in a day.

2)Food and Nutrition :- A maternal health status report shows that the major contributor to the poorer nutritional status of women is the tradition of freedom men and boys before women and girls, the nutritious foods are served to male members of the family and female would then have left over. Moreover, women having internalized their low status – will food themselves least in face of limited food and last in most circumstances. On an average they consume hardly 50-70 percent of the recommended daily intake of calories.

3)Poverty :- It is estimated that out of 1.3 million people living below the poverty line, more than 70 percent are females and the major brunt is born by women of rural areas. India, with a population of 1,049,700,118 (2003) is the world's second most populous country. Of this, 120 million are women who live in poverty. The major development challenges in health care are adverse sex ratio, high fertility and mortality rate, high maternal mortality rate along with 54 percent of India's women being literate.

4)Work and Environment :- Women are undermined as workers, defined as housewives and forced to a status of invisibility. Women are engaged in different kinds of works within and outside the domestic sphere, but it continues to be a long struggle to even get women's work recognized and a acknowledged that the burden of domestic work, wild rearing and care of household

members, constitutes a major chunk of work undertaken by women, there is a limited understanding of what is actually involves.

5)Education :- Female literacy stands at 54 percent compared to men. The gender gap in education is far greater in the northern states. Even in states where enrollment rates for girls are higher, many girls drop out of school after only a few are higher, many girls drop out of school after only a few years of education. Cultural factors such as inhibition on education and employment, inheritance and restrictions on the physical mobility of women, deny them the autonomy and the right to make decisions concerning their lives, which all result in deprivation of both the capabilities and entitlement to women.

6)Women's Empowerment :- The women's empowerment in the health sector needs to be redefined. The empowerment approach in health has to move beyond describing men and women's health in isolation and brings into the analysis of how gender differences, exposure to risk, access to benefits of technology and health care, rights and responsibilities and the control exercised by people over their lives have been altered by globalization.

Amartya Sen rightly remarked that, "freedom to make decisions about fertility is the cornerstone for women's empowerment". He observed in 1994 "Central to reducing birth rates... is a close connection between women's well being and their power to make their own decisions and bring about changes in the fertility pattern".

7)Violence :- Violence against women ranges from physical, sexual and psychological harm in public or private domain. Women face different forms of violence throughout their lives. Violence against girls and women begins even before they are born. The sex ratio bears witness to the impact of the discrimination and violence against girls and women. Consequences related to women health.

a)Morbidity and Mortality :- It is probable that anemia among women accounts for a significant loss of productivity, and therefore of family welfare, in developing countries. Iodine deficiency disorder are of particular reproductive outcomes for both mothers and infants.

b)Work Related Health consequences :- The most common occupational hazard for women probably is overwork. Women have the complete

responsibility of managing their household, and even if they are employed outside, it does not relieve any burden of these domestic chores.

c)Mental Health :- Mental health problems of women are rarely discussed. Approximately 15 percent of all women suffer from mental illness against 11 percent of all men.

d)Health consequences of violence :- The impact of these various forms of violence that women face, have a major stake in their ill health. It ranges from physical and mental health problems like lacerationism fractures, chronic pain, gynecological disorders, unwanted pregnancy, asthma, etc. Domestic violence is often counted as a significant cause of disability and death among women of reproductive age in India.

Critical Health Care situation :- The Primary Health Centre (PHC), which is central to the public health system, is increasingly becoming ineffective. A recent survey found that only 38 percent of all PHCs have all the essential staffs and only 31 percent have all the essential supplies, with only 3 percent of PHCs having 80 percent of all critical inputs.

Geographical distance very often poses as the primary barriers to access health care. Nearly half of the women (47%) live in a village that has some kind of health facility. 14 percent of women have to travel at least 5km to reach the nearest health centre.

Conclusion :-

Healthcare resources in India are unevenly spread over different geographical regions, with huge gaps between rural and urban settings. Government's expenditure per capita on public health is seven times lower in rural areas compared to spending in urban areas. There is a decline in health expenditure.

It is estimated that out of 1.3 billion people living below the poverty line, more than 70 percent are females and the major brunt is borne by women in rural area. Unequal opportunities of education, employment, inheritance and restriction on the physical mobility of women deny them the autonomy and the right to make decisions concerning their lives.

There is a need for regulatory frameworks designed to protect women from the negative effects of globalization with regards to health and safety, occupational standards etc. Governments should place limits to some forms of privatization of public healthcare services and further ensure

that adequate – infrastructure is in place for women to reach these services.

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