

GENDER INEQUALITY AND HEALTH OF WOMEN: SOME SOCIO-CULTURAL ISSUES

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ABSTRACT

Gender inequality in health in Indian society has its roots in the traditional practices and norms defined by patriarchal structures. The definitions of health for men and women are different where women's health and nutritional status is not given importance. The main causes of poor health conditions of women are girl child discrimination, less breastfeeding duration, less play and more workload, less medical attention, less nutrition, and early marriage. Gender differences also exist in the distribution of food in the household, preventive care and use of healthcare facilities. The health of women depends on a number of social, cultural and economic factors. The biological differences between men and women lead to differential healthcare requirements. There is a need to expand healthcare services in other specific areas and also for different categories of women. All efforts to improve the status of women should also focus on eliminating gender inequalities in health. The study is based on primary data collected through interview schedule and informal interviews. The paper examines the reasons for and consequences of gender disparities in health. An attempt has been made to put forth certain strategies to accommodate differential health needs of women.

KEYWORDS: *Inequality, Health, Cultural Norms*

INTRODUCTION

Gender is a social construct which refers to socially defined roles and behaviors assigned to males and females in a particular society. It depicts the power relations between men and women. The gender roles provide the framework of dominance and subordination in the patriarchal society. These socially constructed roles give rise to gender inequality in society which results in discrimination against women in various aspects of life. The health of women is one such aspect where gender inequality is visible in all indicators related to health like the prevalence of anemia, malnutrition, maternal mortality etc. This inequality in health starts in infancy continues through childhood, adulthood and old age. The major factors determining women's health are gender discrimination, inadequate knowledge of healthcare and personal hygiene, illiteracy, poor nutrition, trends of early marriage, less spacing between children, unsafe abortions, less disposable income for healthcare and the traditional cultural practices. The traditional cultural practices are the beliefs which have been held by the family for generations and any deviation from these practices is considered to be against social norms. "Gender inequalities of health originate in the traditional society where definitions of health status and traditional medical practices reflect the subordinate social status of women. These inequalities are manifested in medical practices which attribute women's illnesses to behavioral lapses by women, differential access to healthcare services" (Christina, 1994). The trend of early marriages, less spacing between successive childbirth prove to be detrimental to women's health.

Moreover, the excessive burden of work and lack of decision making power makes the women vulnerable towards chronic diseases. “The unequal position of women is due to patriarchal structure, biological phenomenon, and dependency on men. The gender roles of women are deeply rooted in myths, legends, religion, and culture. Within household women and girls are often discriminated against in food allocation and have poor access to health care. This type of gender discrimination continues later in life where women downplay their morbidities, attempt home remedies and seek traditional medical treatment before reaching hospital” (Nagla,2013). Health problems are present during every stage of women’s lives due to hormonal changes. The major health problems are anemia, malnutrition, and reproductive health problems, high female mortality in childhood, maternal mortality, cervical and breast cancer and osteoporosis. The findings of Global Nutrition Report,2017, place India at the bottom of the table in the list of countries, with a maximum number of women suffering from anemia in the world. According to this report 51 percent of women in the reproductive age are anemic (Times of India, 7 November 2017). The Maternal Mortality rate is 174 per 1,00,000 live births according to World Health Statistics Report, 2017(First Post, May 21, 2017). These indicators prove that factors apart from the financial barriers, socio-cultural factors also influence the health outcomes of women.

THEORETICAL FRAMEWORK

The study has been conducted within the framework of Ecological Systems Theory given by Bronfenbrenner. According to this theory, “an individual is influenced by the ecological environment which is conceived topologically as a nested arrangement of concentric structures. These structures are known as the microsystem, mesosystem, exosystem and macro system. The microsystem is the pattern of activities, roles and interpersonal relations experienced by a person in a given setting with particular physical and material settings like the home. The mesosystem comprises of interrelations in two or more settings in which a person actively participates such as family, work and social life. The mesosystem is thus a system of microsystems. An exosystem refers to one or more settings, in which a person is not an active participant but is affected by the events happening in those settings like the organizations, government etc. The macro system includes the culture and traditions of society. The interactions in these systems have a profound effect on the perception of health and health care seeking behavior.” (Bronfenbrenner, 1979).On the basis of this theory the microsystem has been identified as gender roles, attitude towards health and illness, the mesosystem is the interactions in the family, the exosystem is the government policies, nature of health services and a macro system is the culture of the society. The interview schedule has been framed on the basis of these systems to assess the health status of women.

OBJECTIVES

The objectives are as follows:

- To investigate women’s perception and beliefs related to health and illness.
- To identify the traditional practices related to food consumption.
- To examine gender related socio-cultural factors affecting women’s health.

METHODOLOGY

The study was conducted in Jaipur city, Rajasthan. The sample consisted of 50 married women in the age group of 25-50 who have temporarily migrated from rural areas. They are living on rent in marginalized areas and are engaged in temporary jobs. Convenience sampling method has been used. The respondents were informed about the purpose of research and informed consent was taken. The respondents were also ensured about the confidentiality of the information. The data was collected with the help of interview schedule. The study was supplemented by informal discussions with the respondents in order to have an in-depth understanding of socio cultural aspects related to the health of women. The data was classified and tabulated. Percentage analysis of data was done.

SAMPLE CHARACTERISTICS

All respondents are married with a mean age of 35 years and follow Hindu religion. The average number of children is 2 (Range:1-4). 24 percent of respondents are illiterate, 60 percent are literate and 16 percent have taken education up to primary level. 8 percent of respondents are housewives, 52 percent are engaged as domestic workers, 36 percent are working as construction laborers and 4 percent are vegetable vendors. The monthly family income of 64 percent of respondents is between 5000-10000, 24 percent are in the income level of 10,000-15,000 and income of 12 percent of respondents is above Rs. 15,000.

FINDINGS

Table 1: Self -Reported Health Status of Women

S. No.	Particulars	Frequency	Percentage (%)
1	Good	11	22
2	Average	35	70
3	Poor	4	8
4	Total	50	100

Table 1 reveals that 22 percent of women felt that they were in good health while 70 percent reported that they had average health and 8 percent were suffering from poor health.

Table 2: Perception about Causes of Illness

S. No.	Particulars	Frequency	Percentage (%)
1	Due to contaminated food and water	10	20
2	Due to past sins	20	40
3	Due to ghosts & God's curse	15	30
4	Hereditary	5	10
5	Total	50	100

Table 2 reveals that 40 percent women attribute the cause of illness to the sins committed in past life, 20 percent women are aware that illness is caused due to consumption of contaminated food and water, 30 percent believe in ghosts and curse of God and 10 percent have this idea that certain disease run in the family.

Table 3: Opinion about Health of Girls and Boys

S. No.	Particulars	Frequency	Percentage(%)
1	Boys health should be given priority	39	78
2	Girls health should be given priority	0	0
3	Equal priority should be given to both girls and boys	9	18
4	Cannot specify	2	4
5	Total	50	100

Table 3 reveals that 78 percent women are of the opinion that the health of boys should be given priority, 18 percent gave equal priority to the health of both boys and girls, 4percent could not give an opinion and none of the respondents favored giving priority to the health of girls.

Table 4: Sequence of Serving Food

S. No.	Particulars	Frequency	Percentage(%)
1	Men, Children, Women	48	96
2	Men first, women and children together	2	4
3	Total	50	100

Table 4 depicts that 96 percent of women stated that food was served in the sequence men first, then children and last were the women and 4 percent had their food with children.

Table 5: Awareness about Balanced Diet

S. No.	Particulars	Frequency	Percentage(%)
1	No information	38	76
2	Information that certain foods should be consumed but were not aware of nutritional value	12	24
3	Total	50	100

Table 5 depicts that majority of respondents (76 percent) were not aware of the concept of balanced diet. 24 percent had this knowledge that certain foods like fruits, milk, and jaggery should be consumed for good health but as such were not aware of the nutritional benefits of food items.

Table 6: Health Problems of Respondents

S. No.	Particulars	Frequency	Percentage(%)
1	Fatigue & Dizziness	21	42
2	Back pain	11	22
3	Joint pain	8	16
4	Diabetes	3	6
5	Hypertension	3	6
6	Urinary problem	2	4
7	No problem	2	4
8	Total	50	100

A total of six health problems were reported. 42 percent complained of fatigue & dizziness, 22 percent suffered from back pain, 16 percent complained of joint pain, 6percent was suffering from diabetes, 6 percent were suffering from hypertension and 4 percent of suffered from urinary problems. 4 percent respondents did not report any health problem.

Table 7: Health Care Seeking Behaviour

S. No.	Particulars	Frequency	Percentage(%)
1	Visit to doctor	5	10
2	Self- medication	4	20
3	Home remedies	41	82
4	Total	50	100

Table 7 depicts the health care seeking behavior of women. A large majority of women (82 percent) are using home remedies, 20 percent have little knowledge of some medicines and are on self-medication, and only 10 percent consult a doctor.

Table 8: Health Care during Pregnancy

S. No.	Particulars	Frequency	Percentage(%)
1	Regular check- up from doctor	7	14
2	Home delivery	23	46
3	Institutional delivery	20	40
4	Total	50	100

Table 8 shows that 46 percent of women had home delivery, 40 percent had institutional delivery and only 14 percent went for regular check-up during their pregnancy period.

Table 9: Reason for not seeking Healthcare

S. No.	Particulars	Frequency	Percentage(%)
1	Economic hardship	40	80
2	Self- neglect	6	12
3	Females do not need healthcare	2	4
4	No time	2	4
5	Total	50	100

Table 9 reveals that economic hardship is the main reason for 80 percent women for not seeking health care, 12 percent do not seek health care out of self-neglect, 4 percent are of the opinion that females do not need health care and 4 percent said that they do not have time to visit the doctor.

Table 10: Decision to Seek Healthcare in from Doctor in case of Serious Discomfort

S. No.	Particulars	Frequency	Percentage(%)
1	Self	5	10
2	Husband/ Male relatives	45	90
3	Total	50	100

Table 10 reveals that decision to seek health care for 90 percent women is taken either by husband or male relatives and only 10 percent women take the decision on their own but they are also dependent on the male members of the family for transportation to the health centre.

DISCUSSIONS

The results of analysis reveal that the self-reported health status of women is based on individual perceptions of health and illness. Majority of the women reported that they had an average health which was based on narrow conceptions of health. Generally, for women belonging to lower socioeconomic status ability to do work is considered the parameter of health. Mental and spiritual health does not have any place in their definitions of health.

The concept of illness is still defined by many superstitions linked to the presence of some ghosts in the body. Gender discrimination is prevalent in food allocation in families. This is due to traditional practices and beliefs being followed for generations. The women are suffering from a number of health problems which have their roots in the past where they have been subjected to discrimination, poor nutrition, and neglect. This has also continued in their later life. Most of the women are using home remedies because household disposable income for health care is less. This income is generally utilized for the male members. All decisions pertaining to health care of women are taken by the male members of the family. The number of institutional deliveries has increased since the women get incentives under Jnani Suraksha Yojana and not because they think that it is safer. The gender inequality translates into several consequences like indifferent attitude towards health which in turn also affects the upbringing of the girl child and assumes a cyclic form. The data also support the conception that due to the prevalence of patriarchal culture the health and nutrition of women are given less importance.

CONCLUSIONS

The findings show that cultural norms along with social factors like poverty and illiteracy are the main barriers responsible for the poor health of women. These norms and traditional practices operate within the domain of patriarchy which gives primary importance to the health of men. The women face unique barriers in the form of traditions and customs. Poverty, illiteracy and cultural bias create a complex network of obstacles for the health of women. Lack of individual autonomy and accepted social circumstances are the barriers to accessing health care facilities apart from the structural and financial barrier. Any intervention in health care needs supportive systems which can target these challenges. Health interventions must consider the multi-dimensional aspects of women's lives. Health care policies should address biological as well as culture-specific needs of women. Further studies are required to investigate the ways in which cultural norms influence the health of women.

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