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Gender Justice: A Necessary Requirement for Women's Health and Human Development

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Jawahar Lal Nehru once remarked, "You can tell the condition of a nation by looking at the status of its women". This statement is revealing very correctly the importance of interconnectedness between human resource development and female factor as a part of it. The right picture of a nation's wellness can be portrayed only by keeping this fact into mind. The process of human development determines the progress of the nation and so the health condition of the nation's human resources is a matter of utmost concern. Health indices are like the deciding scales for human development. Women, being the beneficiary as well as the facilitator of health services, occupy the place of central importance in this regard.

Human development process needs to adopt a people-centered approach because only through this way, we may think about the key challenges in the way forward. This emphasis reflects the belief that placing people at the center of development also implies putting people at the center of the generation of knowledge about development, and that this is best achieved by understanding how communities and local actors understand the practice of development. The phenomenon of human growth or development involves a multi-dimensional perspective in which the health condition occupies the most significant place. The promotion of human dignity and capability is incomplete without development of healthy life. The women of the society constitute the most important part in this regard because only a healthy woman can develop a healthy family. But the patriarchal nature of Indian society and dominating gender bias in every sector has not left the health sector untouched. Gender justice has now become a fashionable term to talk against the discrimination practiced against women. But the extent to which this gender justice has becomes necessary is a matter of research and debate. However, before going into this, the conceptual part needs to be clarified.

Conceptual Framework

Human development is a process that, while being sustainable in terms of resources over generations and across space, recognizes the legitimate claim of each person in a society to be an active participant in the development function. Though it can be defined as expanding the choices for people in society and developing their capabilities, in real sense it is a development paradigm which is about creating an environment in which people can live their full potential and lead productive, creative lives in accord with their needs and interests. People are the real wealth of nations. Human development is, thus, about much more than economic growth, which is only a means of enlarging people's choices. The most fundamental aspect of this process is building human capabilities i.e. the range of things that people can do or be in life. The most basic capability for human development is to lead long and healthy lives. Without this, many choices are simply not available, and many opportunities in life remain inaccessible.

Mahbub Ul Haq, the founder of Human Development Report, explained, "The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better

nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives". Many philosophers, economists and political leaders have long emphasized human wellbeing as the purpose, the end of development.

Since 1990, the human development report has been a major force in thinking about development not only by highlighting the inadequacy of per capita income as the sole measure of a society's progress, but also by exploring how a people centered approach affects the way we should think about key challenges. The human development approach has influenced many strands of development thinking and the ways that most policy makers and researchers think about human progress. The HDR aims to take this contribution significantly further by showing how placing human development at the center of our priorities changes the way in which we think about, formulate and monitor development policies designed to promote empowerment, address inequality and to bring gender justice.

Human development, in present times, is multi-faceted phenomena. As it cannot be carried out by emphasis on only one aspect or one target group, so the gender factor, which has remained, to a large extent, discriminated for long, is also taken into serious consideration. India is a great paradox. Nowhere is this more evident than the situation with regard to the status of women in India. Though there have been exceptions but by and large the social mindset has been that of discrimination against women right from the birth. For a majority of Indian women, life itself has become a long hurdle race, both within and outside the family. Self-sacrifice and self-denial are their nobility and fortitude, yet they have been subjected to all inequities, inequality and discrimination. These discriminations deempowers women because discrimination in any form affects the human capabilities and human dignity. Thus as human development is based on expansion of human capabilities and promoting a decent standard of living, so eliminating gender discrimination is the primary task which needs to be addressed for bringing sustainable human development and social justice. Taking into consideration this important aspect, human development has changed its orientation from 'Gender for Development' to 'Gender with Development'.

This highlights that in any of the development agenda/programme, significant half of the population cannot be left alone. They have now become the facilitator of the success of development programme. As human development without health improvement is difficult to imagine, so the health condition of the women of society needs careful analysis. Among other things, health also needs to be respected as an essential and inviolable human right. But in India, progress in this direction was always impeded by the lack of recognition among policy makers of the fact that health has many social determinants that need inter-disciplinary understanding and multi-sectoral action. Existing inequities of income, education and access to health services were not adequately factored into the design and delivery of health programme, while regional and gender disparities further undermined their success. It is only recently that the multi-directionality of health, development and gender justice has been widely accepted. So, to understand this interrelation, it is necessary to examine the health indices of females as compared to their male counterpart.

Health Indices for Family

Though there has been significant improvement in the health, education and employment status of women in India over time yet, health indices for girls and women compare much less favorably with those of boys and men. A detailed analysis of national data shows some reduction in maternal death and improvement in many indices related to infant health also, however, there are gender differentials in many indices with data disaggregated by gender, showing far greater improvement for males than for females. The prenatal mortality rate, infant mortality rate and under-5 mortality rate are poorer for girls. There is evidence of foeticide and infanticide of girls. They are often malnourished and brought to hospital later in their course of illness than boys.

For the purpose of examining the disparities in health condition of women, the report of the National Family Health Survey needs to be mentioned. The report of NFHS offers the first comprehensive picture of the health and well being of India's men, women and children.

Report of National Family Health Survey

KEY INDICATORS	NFHS – 3 (2005-06)	NFHS – 2 (1998-99)	NFHS – 1 (1992-93)
Women married by age of 18 (in %)	47.4%	50.0%	54.2%
Women married by age of 21(in %)	32.3%	N.A.	N.A.
Married women with two sons (In %)	89.9%	82.7%	71.5%
Married women with two daughters (In %)	61.4%	47.0%	36.9%
Mothers who had at least 3 antenatal care visits for their last birth (in %)	50.7%	44.2%	43.9%
Birth by a doctor/nurse/other health assisted	48.8%	42.4%	33.8%
Institutional Births (In %)	40.8%	33.6%	26.1%
Mothers who received postnatal care from a doctor/nurse/other health personnel within two days of delivery for their last birth (in %)	36.8%	N.A.	N.A.
Women whose Body Mass Index is below normal (in %)	33.0%	36.2%	N.A.
Men whose Body Mass Index is below normal (in %)	28.1%	N.A.	N.A.
Women who are overweight/obese (In %)	14.8%	10.6%	N.A.
Men who are overweight/obese (In %)	12.1%	N.A.	N.A.
Ever married women age 15-49 who are anemic (In %)	56.2%	51.8%	N.A.
Ever married men age 15-49 who are anemic (in %)	24.3%	N.A.	N.A.
Women who have heard of AIDS (In %)	57.0%	40.3%	N.A.
Men who have heard of AIDS (In %)	80.0%	N.A.	N.A.

KEY INDICATORS	NFHS – 3 (2005-06)	NFHS – 2 (1998-99)	NFHS – 1 (1992-93)
Currently married women who usually participate in household decisions (In %)	36.7%	N.A.	N.A.
Ever married women who have ever experienced spousal violence (In %)	37.2%	N.A.	N.A.

The above table shows that women health is not attended to the desired level especially during and after pregnancy. Half of women lack proper care during pregnancy and delivery. More than three-quarters of pregnant women in India receive at least some antenatal care but only half of women have at least three ANC visits with a health provider during their pregnancy as recommended.

More than half of women in India are anemic and anemia among women has increased slightly in the past seven years. The condition is better for men among whom only 24.3% are anemic.

The knowledge of HIV/AIDS among women is only about 57.0% while it is 80.0% among their male counterparts.

Findings of the Empirical Work

Keeping in view the reports of the National Family Health Survey, it was found necessary to investigate and find out the condition of women health and the implication of gender disparity in this regard. For this purpose, an empirical work was carried out and data were obtained from almost 100 female respondents categorized as educated and uneducated. The study was conducted in the urban area of Patna.

To conduct this work, a Performa of 15 questions was prepared and responses were obtained from educated and uneducated married women. The findings of some of the important questions are worth noticing and illustrated below through the following tables:-

Q:-1. According to your view, in a family whose health is more important to be attended?

Category of Respondents	MALE	FEMALE	BOTH
1. Educated married women	0 %	06 %	94 %
2. Uneducated married women	40 %	36%	24 %

Q:-2. Do you consult the doctor for ordinary ailments or prefer to take home medicines?

Category of Respondents	Consult The Doctor	Prefer Home Medicines	Nothing unless it becomes intoleratable
1. Educated married women	30 %	64 %	06 %
2. Uneducated married women	24 %	76 %	0 %

Q:-3. Does your husband prefer consulting the doctor for ordinary ailments or prefer home medicines?

Category of Respondents	Consult The Doctor	Prefer Home Medicines	Nothing unless it becomes intoleratable
1. Educated married women	48 %	52 %	–
2. Uneducated married women	36 %	64 %	–

Q:-4. The menu of food to be cooked in your kitchen is decided according to your opinion or your husband's opinion?

Category of Respondents	Husband's Opinion	Mine Opinion	Children's Opinion	Everyone's Opinion
1. Educated married women	24 %	52 %	06 %	18 %
2. Uneducated married women	40 %	60 %	_	_

Q:-5. Whether your entire family dines together or the male members are served first?

Category of Respondents	Together	Male members are served first	Children's are served first
1. Educated married women	100 %	_	_
2. Uneducated married women	28 %	60 %	12 %

Q:-6. During your pregnancy, what concern your family showed for your health conditions at that time?

Category of Respondents	Followed a Diet- Chart	Constantly under Doctor's Observation	Very Concerned but no Doctor's Consultation	Very Concerned but not followed any Diet-Chart
1. Educated married women	58 %	06 %	–	36 %
2. Uneducated married women	36 %	–	–	64 %

Q:-7. The time of child conceiving or the gap between two children was decided according to your will your husband's will?

Category of Respondents	Mine Will	Husband's Will	Mutual Decision	Unplanned
1. Educated married women	18 %	12 %	52 %	18 %
2. Uneducated married women	–	40 %	30 %	30 %

Q:-8. In your family, who has a health insurance?

Category of Respondents	I Have	Husband Has	All Have	Don't Have
1. Educated married Women	12 %	12 %	46 %	30 %
2. Uneducated married women	–	–	–	100 %

Q:-9. In deciding the menu of food, what is the most significant factor?

Category of Respondents	Nutritious Value	Taste
1. Educated married women	42 %	58 %
2. Uneducated married women	12 %	88 %

Q:-10. How often do you yourself consume the following items?

	Milk				Pulses				Green Leafy Vegetable				Fruits				Eggs			
Category of Respondents	D	W	O	Dt	D	W	O	Dt	D	W	O	Dt	D	W	O	Dt	D	W	O	Dt
1.Educated Married Women	76%	-	12%	12%	82%	06%	12%	-	100%	-	-	-	30%	40%	30%	-	6%	30%	12%	40%
2.Uneducate d Married Women	24%	-	-	76%	48%	16%	36%	-	48%	40%	12%	-	12%	-	76%	12%	24%	12%	52%	12%

D – Daily; W – Weekly; O – Occasionally; Dt – Don't take

For the sake of a clear understanding, the above findings were compiled under three broad categories as per the nature of the questions and responses:-

Category of Respondents	Health Consciousness	Healthy Practices	Male-Female Divide
1. Educated married women	32.2 %	57.7 %	20.2 %
2. Uneducated married women	21 %	19.55 %	35.7 %

The above table shows that health consciousness among educated married women is only 32.2 % and this is even less in case of uneducated married women. Little more than half of educated women follow healthy practices and this is very less in case of uneducated women. Further the gender gap in health care is still prevailing among educated class and it's more in case of uneducated married women category.

Some Noticiable Facts

- Education works as a strong determinant in health awareness and in following healthy practices. There is a correlation between education level and health condition.
- Very less percentage of health consciousness even among the educated married women is due to their own carelessness than due to gender disparity.
- Most of the women, both educated as well as uneducated, give preference to taste than to the nutritious value while deciding the menu of their kitchen.
- Even the educated women are not so conscious for their health insurance and its negligible among uneducated women.
- Most of the respondents, both educated and uneducated, still prefer to take home medicines than consulting the doctor for ordinary ailments. Same is the case with their husband's also.
- Still 60% of uneducated women think that the male members of the family should be served the food first.

The above illustration makes it clear that the nation's health is determined to a large extent by women's well being. Vulimiri Ramalingaswami remarked rightly in "The Asian Enigma" that "However much a mother may love her children, it is all but impossible for her to provide high quality child care if she herself is poor and oppressed, illiterate and uninformed anemic and unhealthy, has five or six other children, lives in a slum or shanty, has neither clean water nor safe sanitation, and if she is without support either from health services, or from the father of her children". The persistence of hunger and abject poverty in India and other parts of the world is due in large measures to the subjugation, marginalization and disempowerment of women. Women suffer from hunger and poverty in great numbers and to a great degree than men. But at the same time, it is women who bear the primary responsibility for actions needed to end hunger, to promote education, nutrition, health and family income.

Looking through the lens of health, there are certain major reasons for women's secondary position which are detailed below:-

- **Lack of Education:-** This is the most significant among all factors. Women and girls have lower literacy rates, school enrolment and attendance figures. The long walk to school with its associated fear for physical safety, lack of toilets at schools, the small number of women teachers and the second class status of the girl child contribute to these lower rates. This lack of education makes women less conscious about their health.
- **Malnutrition:-** India has exceptionally high rates of child malnutrition, because traditions in India require that women eat last and least throughout their lives, even when pregnant and lactating. Women practice this, to a great extent, willingly. This is even more rigidly practiced by uneducated women.
- **Concealed Labour:-** Women's work at home, because of its invisibility, is rarely recognized, although they work far roughly twice as many hours as men. But men report that "women, like children, eat and do nothing". If all activities- including maintenance of kitchen gardens, grinding food grains, collecting water and firewood etc. are taken into account then 88 percent of urban housewives can be considered as economically productive. This social devaluation of women work has an impact on their mental health and well being.
- **Powerlessness Among Women:-** In most marriages and families, women are subordinate. This is mainly due to Indian tradition and culture. It is the longer latent period and more hazy but ubiquitous and dominant relationship between gender and culture which have a major impact on the outcome. Failure to recognize this relationship and refusal to tackle these issues result in powerlessness among women in decision-making which ultimately results in poorer health standards of women. In this way, the prevalent patriarchal framework places an ideological bar on the discussion of alternative approaches to achieve gender justice for girls and women.

The Way Forward

After the aforesaid description about the health status of women and the causes responsible for that, it is necessary to plan the strategies for future development in the positive direction. Some of the suggestive measures are explained below:-

- While the Indian Constitution guarantees equality for women, legal protection has little effect in the face of prevailing culture. For too long the society have been refusing to discuss women's issues explicitly. So it appears that nothing short of a social revolution will bring about an improvement in the health of Indian women. This kind of revolution is necessary not only for change in the attitude of males of society but the female members of society also need to think above the patriarchal and cultural barriers.

- There should be a wide recognition that the Right to Health is a fundamental right and the poorer health indices of half the population is cause for concern. There is an urgent need for a detailed reexamination of public health statistics for India, disaggregated by gender and region. The evidence from such disaggregated data should be used to set targets for action. Progress has to be visible and benchmarks have to be set high.

There is a definite need to engage communities and the population as a whole in a debate to challenge traditional stereotypes and accepted social norms. Programmes to achieve gender equality should concentrate on achieve equality in gender outcomes within a reasonable time frame. Outcomes in general and health outcomes in particular, are measurable with a much degree of accuracy than opportunities.

- Education and economic independence of women should be promoted and women should be made more conscious towards their health. Carelessness should be avoided as far as possible.
- All plans and projects within community programmes should be assessed using the "gender lens" in order to achieve gender justice for women. These programmes will have to cover the social context of home, school, workplace, law and politics in order to improve women's health. The focus should be on public health approaches to change social and cultural perspectives with the aim of primary prevention of discrimination while continuing medical interventions for early diagnosis and management of the medical consequences.
- To achieve better health outcomes, the public sector must become more responsive, the private sector must become more responsible and the voluntary sector must become more resourceful. The blueprint for the future must optimize the use of each, combining the social commitment of the public sector, the selfless spirit of the truly voluntary sector and the operational efficiency of the private sector.

With the above analysis it may be concluded that though there is a need for gender justice that women in India achieve equal health and social status in the foreseeable future but the condition is not so critical particularly in case of educated women. So self-consciousness among the women themselves is the crying need of the hour. Only a healthy woman's family will be healthier and more productive. Only through action to remedy the gap between economy, education and healthy life can the vision of India's independence- an India where all people have the chance to live healthy and productive lives- be realized.

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