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Health Strategy for Women Empowerment

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Abstract:

Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Women are affected by many of the same health condition as men, but women experience them differently...Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor quality reproductive health information and services; the prevalence of high-risk sexual behavior; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed. Develop local services, promoting the incorporation of gender-sensitive community-based participation and self-care and specially designed preventive health Programmes. Woman's generally poor health is implicated by the sex ratio and their higher mortality rates. The ratio of woman to men has decreased from 972 females per 1,000 males in 1901 to 926 per 1,000 in 1991. In spite of the increase in women's life expectancy from 44.7 years in 1971 to 56.2 in 1981-86, age-specific death rates for female children and young women for every five-years cohort up to 35 year of age are higher for women than for men. The reasons lie in excessive child bearing nutrition and medical care.

Keywords: Health issues, Primary Health Care, Mahila Samridhi Yojana, Indira Awaas Yojana, Indira Mahila Yojana.

1. Introduction

Empowerment is a multi-faceted, multi-dimensional and multi-layered concept. Women Empowerment is a new term in the area of women's development which implies development of women's life in every aspect. The basic objective of women empowerment is nothing but understanding of one's potential not only self-development but also for the benefit of the society. It involves five major components such as Economic independence, knowledge and awareness, participation, self-image and autonomy. As the economic empowerment is the foremost and basic component in overall empowerment of women, the governmental and non-governmental organizations in India began to play an important role in mobilizing women to become economically strong by providing encouraging packages such as income generation Programmes, training and employment. The United Nations Decade for women helped focus public attention on the important role women can and do play in socio-economic development. As a result in India, women development policies have undergone tremendous changes.

2. Women's Status through the Ages

The current status of women cannot be properly understood without reference to the predecessor form of womanhood from which it evolved and the process by which it grew. So the status of women has been traced by dividing into historical phases: Ancient society, Medieval society, and Modern society.

3. Women in Ancient Society

The bondage of reproduction was a terrible handicap in their dealings with the society. Menstruation, Pregnancy and childbirth reduced their capacity to work for money and made them fully dependent upon men for protection and food. In 2000 B.C. women's position was enviable in Indian society. She was given education, right to select her own life partner and in domestic life she was an equal partner to the male. The women enjoyed freedom, status and prestige in the society but did not last long and women finally settled down to an indoor life.

4. Women in Medieval Society

The position women in India during the medieval period deteriorated further due to seclusion. Women lost all their liberal activities and became a property of their liberal activities and became a property of their male masters. They were considered a liability instead of an asset to the family. The women lost their entity in the 18th and till the beginning of the 19th women were totally and forcefully subjugated to male superiority, physically and intellectually.

5. Women in Modern Society

Women's participation in the workforce as well as in other activities increased during the 19th and from the early period of 20th the upliftment of women started by the influence of social reforms. As far as India is concerned, the social structure, cultural norms and value systems are important determinants of women's role and their position in society India has one of the most impressive sets of laws for women and children. The Indian constitution not only grants equality to women, and forbids any discrimination based on religion, race, caste, sex or place of birth but also empowers the favour of women and children.

6. Health Issues of Women

The widely accepted definition of health is that given by the World Health Organization (1948) in the preamble to its constitutions "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity." In India more people suffer due to tuberculosis, malaria, hepatitis HIV/ AIDS. As for women they are falling victims to cancer of cervix and breast, they are trapped by the complex health issues raised by hormone use and abuse. In any community mother and children constitute a priority group. So the present strategy is to provide mother and child health services as an integrated package of "essential health care" known as primary health care. The government health care system looks at women only as mothers to be targeted for family planning and population control policies. The programmes meant to tackle the health and nutritional problems of women are numerous. In 1931, Maternity and child Welfare Bureau was established under the aegis of the Indian Red Cross Society, Indian Employers are taking more women of various age groups. Though it brought a new sense of identity, financial security, sense of worth and relationship outside the domestic sphere, on another hand it has brought out many hazards to them health due to hostile environment and exploitation. The most common health problems faces by women are:

1. Problems of menstrual cycle
2. Urinary tract and vaginal infection.
3. Uterine and cervical tumors.
4. Problems during and after pregnancy.
5. General medical problems such as Obesity, Anemia, Backache and Headache.
6. Gynecological problems of women like threat to women's reproductive health, AIDS and syphilis and birth control measures.

7. Problems of Women

Every day in 2010, about 800 women died due to complications of pregnancy and child birth, including severe bleeding after childbirth, infections, hypertensive disorders, and unsafe abortions.

Factors	Possible health effects	Root cause of poor health
Pregnancy	Complications of pregnancy, childbirth and unsafe abortion.	Low states of women, illiteracy, malnutrition, lack of access to pre-natal and post natal care.
Unsafe sexual activities	Reproductive tract infections leading to infertility, ectopic pregnancy chronic pain and cancer of reproductive organs.	Poor access to contraceptives, lack of access to education and health services.
Contraceptives	May either prevent or promote reproductive tract infections depending on method used.	Government policies that restrict access to full range family planning and contraceptive methods.

Table 1

8. Primary Health Care (PHC)

The strategy for achieving the goal of "Health for All" emerged in 1978 at an historic conference in Alma-Ata in the former Soviet Union. The conference was sponsored by the United Nation Children's Fund (UNICEF) and WHO. Prior to the Alma-Ata Conference, WHO had identified eight components common to nine successful health programs. The code words "Primary Health Care" (PHC) were selected to describe the following eight components in combination:

- education about common health problems and what can be done to prevent and control them;
- maternal and child health care, including family planning;
- promotion of proper nutrition;
- immunization against major infectious diseases;
- an adequate supply of safe water;
- basic sanitation;
- prevention and control of locally endemic diseases; and
- prevention and treatment of common diseases and injuries
- basic emergency services
- primary mental health care
- palliative and end-of-life care
- health promotion
- healthy child development
- primary maternity care and rehabilitation services

9. Role of Government in Women Empowerment

The Government of India declared 2001 as the year of Women's Empowerment. The National Policy for the empowerment of women was passed in 2001. The steady change in their position can be highlighted by looking at what has been achieved by women in the country.

The planning commission defined three major areas under which they have paid special attention to women's development: (a) Education (b) Social welfare, and (c) Health.

During the First and second Five year plans, government regarded the problem of population control as a long –term objective which depended as much on improvement in living standards and more widespread education, especially among women as on making the people adopt methods for Family Planning. In the Third Five year plan (1961-66), the programme received greater emphasis and priority, with time-bound targets of reduction of the birth rate, a large administrative network, and adoption of such methods as mass camps or monetary incentives of sterilization. Legalization of abortion was another step in that direction. Some state governments even restricted the right to maternity benefit of women government servants to three children only.

The Fifth Five year plan (1974-78) which aimed at an integration of welfare with developmental services, focused on socio-economic development of women. All the Three Five year plans emphasized on "Family" as a basic unit of operation. Thus family planning and nutritional care of expectant and nursing women were added to it.

The Eight Five year plan (1992-97) recognized the empowerment of women, as the central issue in determining the status of women. The Ninth Five year plan (1997-2002), represents a major take off outlining "empowerment of women" as objective of the overall plan.

This change in emphasis indicates excessive reliance on the clinical rather than on the welfare approach to family planning. While the plan allocation for all other health programmes went up from Rs.98 crores in the First plan to in the Fourth plan, that on family planning went up from Rs. 6.50 crores in the First plan Rs.315 crores in the Fourth plan. Thus other health services did not develop adequately because of the excessive emphasis on population control.

According to the world Health organization, health is "a state of complete physical, mental and social well-being and not merely the absence of disease an infirmity." Health is both an important factor in the achievement of status, particularly for women, whose health is conditioned to a great extent by social attitudes.

It is important to note here that during the period between 1991 and 1996, the government of Tamil Nadu undertook an important step through guiding principles for policy frame in the sphere of women's advancement by protecting and promoting the equality of women in the society. According to the New Policy Initiative on women, known as "Vision 2000 Policy for the Advancement of women in Tamil Nadu." The goal of the government was to strengthen the full and equal participation of women in the development of the society and state. The institutions fostering development, whether they are governmental or non-governmental were ordered to review their goals, structures, and policies with a view to ensuring sustained improvement in the well-being of women.

10. Government Schemes for Women Health

The government of India has been trying to empower the women through various schemes some of schemes related to women empowerment in India are:

Crèches/Day care Centers for the children of working and ailing mothers. Swayamsidh, Swa-shakti project, support to training and employment programme for women, Swadhar, Rashtriya Mahila Kosh, self-help groups etc.

10.1. Some of the Main Policies Advocating Women's Concerns Are:

1. National plan of Action for Women (1976) – Identified areas of health, family planning, nutrition, education, employment, legislation and social welfare for formulating and implementing action programmes for women and called for planned interventions to improve the conditions of women.
2. National Health Policy (1983) – Measures to improve the health status of women became prominent.
3. National Policy for the Empowerment of women (1996) – the goal of the policy is to bring about the advancement, development and empowerment of women.

10.2. List of Programmes for Women's Empowerment:

1. Development of women and children in rural areas (1982) – To provide opportunities of self-employment for women on a sustained basis.
2. Mahila Samridhi Yojana (1993) – To provide rural women with some economic autonomy by encouraging the habit of saving.
3. Indira Awaas Yojana (1993) – To provide homes for homeless women in rural areas.
4. Indira Mahila Yojana (1995) – To increase women's awareness & income through group activities and participation with the aim of empowering them.

11. Role of Non-Governmental Organization in Women Empowerment

India has a well –established tradition of voluntary or non-governmental effort in the field of social development in general, and women’s issues in particular may of the non-governmental organizations, such as the All India women’s conference originated during India’s freedom movement.

The adoption of empowerment strategy towards women’s development, the combined efforts of the government and non-governmental organizations have created an ambience of concern for women and a heightened sense of gender perspectives. Whether it is education and literacy, health and environment, sanitation, training and income –generation, science and technology, media and advertising or even legislation and judicial reforms, women’s concerns are fast getting flag-marked. The governmental interventions in women’s development are operationalized largely through non –governmental organizations. These efforts have often demonstrated the success of alternative models of development and empowerment. Whether it is in the field of credit for poor women, or women’s health or women’s awareness generation or women’s literacy, or participatory rural appraisal involving women or organizing women’s self-employment group in traditional and non-traditional sectors of the economy. Thus the voluntary organizations have got very wide scope in uplifting the status of women.

In addition the voluntary agencies have contributed immensely to the new directions and impetus provided to women’s empowerment programmes and a number of innovative features in several government formulated schemes/programmes are based on the experience of the projects run successfully by voluntary agencies. Government’s attempts to integrate women in development thereby leading to their empowerment.

The women play a strategic role in the society and in the economy. The status of women in India is not even in all the times. In ancient period they enjoyed equal status with men, in the medieval period, the position of Indian women deteriorated. During British rule and after independence many efforts are being made for improving the status of women in India. The government of India, by passing timely and essential acts and implementing rules and regulations trying to empower and strengthen the women. No doubt the government of India has many weapons to fight for women empowerment, the prompt and strict implementation is quite essential. Unless that acts, policies, rules, regulations, etc., are strictly implemented the idea of women empowerment remains unachieved. Hence the efforts of the government are still inadequate and the process of empowering women in India is long way to go. Women’s health problems cannot be solved just by providing more medicines or by introducing new schemes. Real improvement in women’s health requires that India address the social inequalities and discrimination underlying women’s overall inferior status. Two factors that can make positive contribution to women’s health are education and employment.

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