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## **Gender, Decision Making in Health Activities in West Kameng District, Arunachal Pradesh**

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### **Abstract:**

*The term genders means being male and female or equal rights, responsibilities and opportunities of men and women and girls and boys. Health is one of the most significant aspects of human being. Everyone does not have a good health and standard of health vary from region to region. The term health is a dynamic phenomena and it cannot eradicate complete disease. It has been observed that most of the women are victims of poor health because majority of women, especially in rural areas are poor people due to lack of available resources. The study area has a patriarchal society where men are the main decision making power and most of the decision such as to go out from the house, spending money on health, education etc. are being taken by them, which affects women health in various ways. There are various factors for the poor health status of women such as lack of transport and communication, lack of knowledge, illiteracy, etc. Thus, this study is mainly taken to highlight about the decision taken by women in terms of health related issues.*

**Keywords:** Gender, health, disease, patriarchal, power, decision.

### **1. Introduction**

The term health is a multi-dimensional concept and there are various socio- economy and political factors influence the health status of women. Empowerment is one of the significant aspects that can change the women's perceptions. Education is one of the important factors which can bring awareness regarding the health services. In patriarchal society, most of the women are not allowed to take part in the decision making process. If they having the power to control over the money then they can have better decision making which will lead to have better health . In west Kameng district, some health related decisions are not only taken by male members without consult with their wife. In some cases women do not get opportunity to control over the money and unable express their feelings due hesitate which lead to the various health problem such as depression, stress, eating disorder etc. The field survey also revealed that most of their children are home delivery due to lack of transport and communication, available resources , lack of knowledge related with health facilities, existing old customs and traditions etc. Sometimes their husbands not allow to admitting health center because they feel that home delivery is safe. Here the main objective of present study is to highlight about the women participation in decision making process in terms of health activities.

### **2. Database and Methodology**

This paper is based on primary data collection by selecting 150 households sample through a random sampling technique. SPSS software has been used for analyzing the available data.

### **3. Findings**

#### **3.1. Participation of Women in Decision Making Related to Health Activities**

The decision related to health activities is very important. When women use to take decision related to any matters, it shows that the women are empowered whether they are economically earned or not. In some of the society most of the decision related with health are taken by male members whether it is necessary or not. Some of the male members don't care about the illness of women and taken to hospital after the sick of two or three weeks when it becomes complicated. The unemployment of husband is also one of the factors to engage her in labour or in some other economic activities. In addition to it, some women engage in economic activities due to family pressure results into complications in health. The decision related to healthcare of herself, family members, health checkup during pregnancy, taking care of daily diet etc are some of the health related decisions which are discussed below:

Women are the primary caregivers of the households. Most of the decision related with healthcare of the family members, children, about her selves are taken together in the family. Both the husband and wife are consulted each other for health checkup and medicines. 49.33% of the decisions related with the taking care of wife are taken jointly, followed by husband 36% and wife decision

is 14.67%. According to field report, majority of women said that when they become sick or any kind of health problem arise, they use to discuss with their husband and after that they take decision jointly whether to admit health centre or to have local treatment. Some of the women response revealed that whenever they having any kind of health problem, their husband use to take decision for treatment because they don't have knowledge regarding health facilities. Some of the women who are staying in remote areas having such kind of difficulties because they cannot move alone and fear to go outside. There are very few women who take care of themselves and independently use to take decision related to health issues. Health problem affects both men and women equally, but some are common among the women. Due to illiteracy and poverty most of the women in rural areas use to carry out the work, whole day from dawn to dusk without caring their health which leads to arise health hazard. There is no holiday for the farming women and take rest whenever feel tired. Sometimes due to low economic condition women have the tendency not to disclose their own health problem as they don't want to invest money. But now a days due to educational awareness, their mentality and attitude has changed and most of the them are more alert regarding their health.

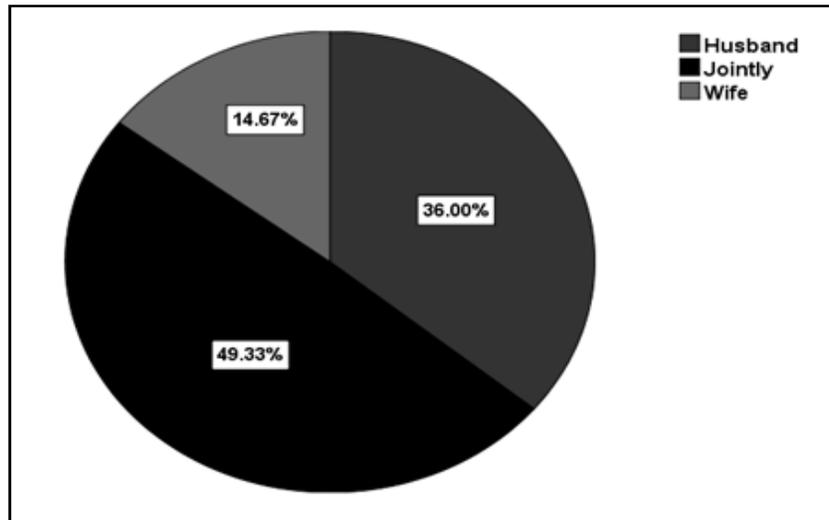


Figure 1: Decision Related to Healthcare for Yourself  
Source: Based on primary data

3.2. Decision Related to Healthcare of Family Members

Women are considered as the main manager of the households and also have the responsibility to tackle the health care of family affairs. Apart from their children she used to take care of whole the family members. After marriage women try to adjust with husband's parents and there is less role of decision making in the family. Her status is more or less depends on her husband's contribution in the family economy. To fulfill the needs of family member both husband and wife consult with each other. According to the situation in some households only husband decides related with health issues of family affairs and in some houses only wife use to take decision. In West Kameng district it has been observed that most of the decision related with healthcare of family members are taken jointly by both husband and wife, i.e. 36.67%, 34% by husband only and 29.33% by wife.

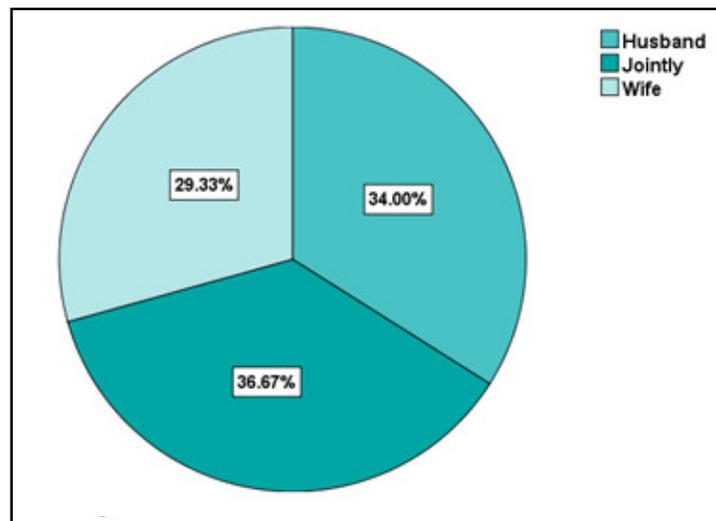


Figure 2: Decision Related to Healthcare about Family Members & Child  
Source: Based on primary data

During the pregnancy 50% of decisions related to health checkup are mostly made by husband. 35.33% are consulted with each other and 14.67% are taken by wife. Every pregnant woman needs more and more care as well as adequate supervision throughout her pregnancy. The field survey revealed that during the pregnancy there is difficulty in swelling of legs, body pain, excess fatigue, virginal bleeding and some women who had surgery during the birth having the problem of stitching pain at stomach. In tribal society women cannot do the required rest during such situation due to overburden of their work. Repeated pregnancy is also a health hazard for women. During the pregnancy the decision is not only for health checkup but also to take care about the other amenities. In many regions women have to follow the dietary taboos during pregnancy which may arise health problem. According to primary data about 50% of the women have their home delivery and about 30% take medical care during the pregnancy and child birth.

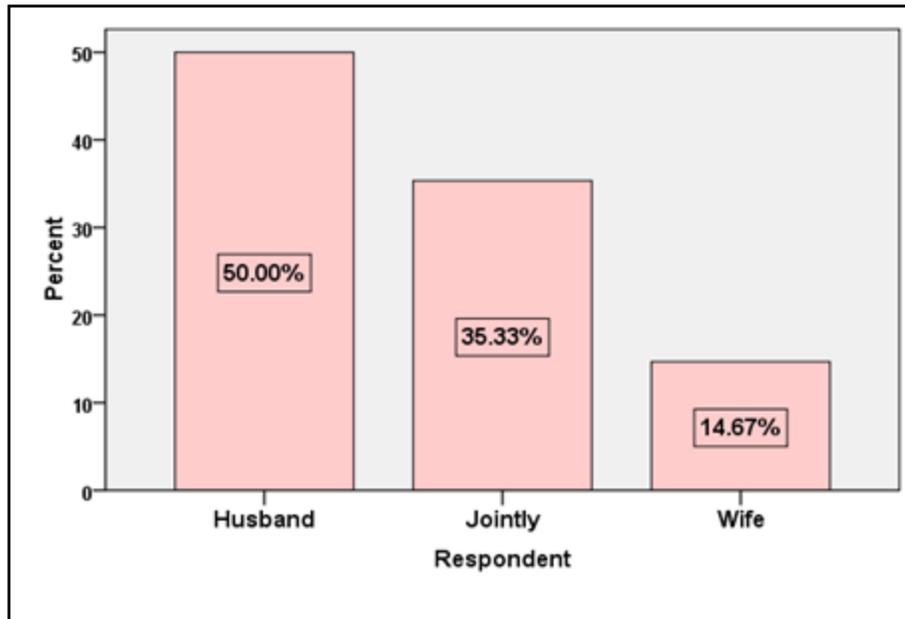


Figure 3: Decision Related to Health Checkup during Pregnancy  
 Source: Based on primary data

The typical role of women are a housewife, mother, daughter in-law, etc. and are associated with home and expected to look after the domestic work or expected act as care givers. So the following data showing that women are the main caregivers to the family by taking care of their daily diet. Thus, women’s decisions are dominant in terms of daily diet. Out of 100% about 56.67% regarding daily diet is decided by wife followed by jointly 27.33% and only husband is 16%. It is said that women’s prime role starts with her responsibility from family and she looks after cooking, sanitation, clean drinking water and type of fuel use for kitchen.

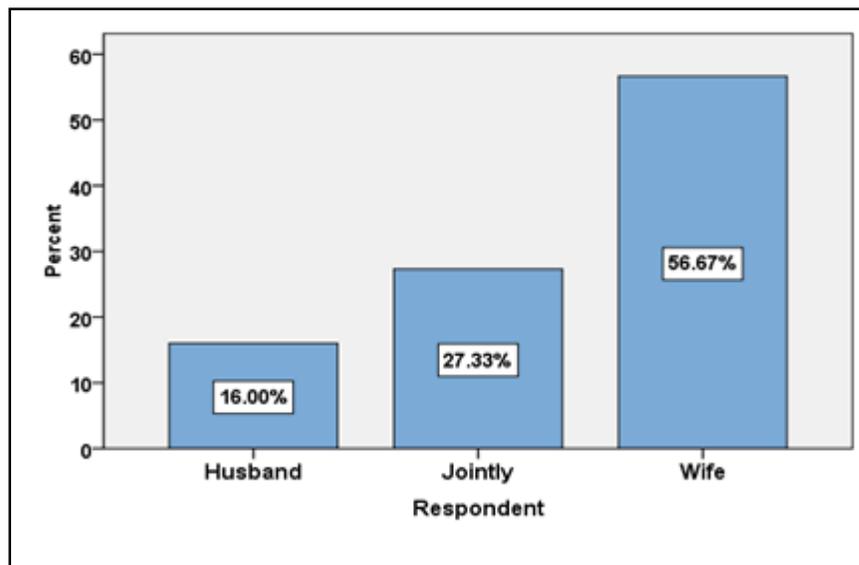


Figure 4: Decision Related to Daily Diet  
 Source: Based on primary data

#### 4. Conclusions

Poverty is one of the most important factors of ill health. The health hazard arises when there is lack of required resources. Majority of agricultural women in remote areas suffer health hazard due to using of pesticides. Because most of them are untrained about the using of such chemicals and in certain situations girls are not allowed to attain school because they have to helping hand with parents in agricultural farm. Education is an important aspect to overcome of poverty, rising income, improving health, etc. Decision making power is an indicator to empower the women status in terms of socio-economy and political activities. Though the study area is patriarchal system but in terms of health issue the decision is not only taken by male members rather to consult with the wife. But in terms of daily diet women are the sole responsibility to tackle it. During the women pregnancy the husbands make the decision about taking care of her. In terms of family affairs both the husband and wife used to make the decision related to health activities. Thus, Women should have the decision making power to empower their status.

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