HEALTH AND WELFARE AND WOMEN DEVELOPMENT IN INDIA

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ABSTRACT
All around development of the women is needed for making India’s growth prospect inclusive and equitable. Gender related various indicators shows the condition of women in the health and welfare related areas are still very poor. The health and welfare of women depends upon various factors directly and indirectly. In the era of Market based development scenario the health and welfare of women are not getting adequate attention so there is a need for government to take concrete affirmative action in the area of health and welfare of women.

KEY WORDS: Maternal Mortality Rate, Body Mass Index, Life expectancy, Literacy

OBJECTIVE, METHODS AND SOURCES
The basic objective of this paper is to analysis of different terms and concepts in which women health and welfare are related to the development of the women. The Composite Women health and welfare Index will be constructed through the different variables related to the health and welfare of the women. This index will analyse the development of the women in our country. Secondary data collected from internet, Government documents and report (like nfhs-3) newspapers, published papers, books and paper published by various intellectuals and academician in various conferences and seminars at the national and international level. This paper used various statistical techniques to empirically analyse the relationship between the predictor and response variables. The statistical methods have been analysed by the statistical computer programme as Microsoft Excel and the Statistical Programme for the Social Science (SPSS-18).
INTRODUCTION

Health and welfare of women are recognised as a powerful parameter of the development by the various National and the International agencies. Development of women depends upon the various factors like individual, household, community and societal (Desai, 2001). The development is a process which not only related to the health and the welfare of women in this country but also gets affected by the women health and development. There exists huge inequalities as far as the health and welfare related conditions of women are concerns. A woman’s ability to lead a healthy and productive life is crucial for a country’s well-being. Women face different health related issues than men because she has to bear burden of giving birth to children’s and taking care for them and also she has much greater Involvement in domestic work inside the home. To fulfil these important duties and ensure well-being of their families, women must be physically well and knowledgeable about her health conditions. So it is very pertinent to include women’s health related variables while preparing the women development index. The census commissioner in his comment on the census result of 2001 gave following causes of decline of child sex ratio as

- Neglect of girl child in their higher mortality at younger ages.
- Higher maternal mortality.
- Sex selective female abortion.
- Female infanticide.

NEED FOR BETTER HEALTH AND WELFARE FOR WOMEN

The development and empowerment are two widely discussed and debated concepts in the contemporary worlds. Before the advent of the empowerment oriented feminist movement the women development was the core objective of the women centric policies and programme in the countries like India. Development is the necessary condition for the purpose of the empowerment but it is not the sufficient condition. The advantage of material development is that it expands the range of the human choice to individuals and societies at large (UNDP, 2001).

The Human Development Report (HDR) 1995 introduced two new measures of human development that highlight the status of women. The first, Gender-related Development Index (GDI), measures achievement in the same basic capabilities as the HDI does, but takes note of inequality in achievement between women and men. The second measure, Gender Empowerment Measure (GEM), is a measure of agency. It evaluates progress in advancing women's standing in political and economic forums. Every year the United National Development Programme (UNDP) issues its Human Development Reports (HDR). In HDR 2012 the GDI and GEM methodologies are applied at the global level to rank 155 countries according to the GDI and 109 according to the GEM. Poor
health and welfare related condition of women is one of the major reasons behind the dismal performance of India as far as these Index are concern. Gender equality implies “equivalence in life outcomes for women and men, recognizing their different needs and interests, and requiring a redistribution of power and resources.” Gender equity “recognizes that women and men have different needs, preferences, and interests and that equality of outcomes may necessitate different treatment of men and women” (Robyens, 2006).

BACKGROUND VARIABLES RELATED TO THE HEALTH AND WELFARE OF WOMEN:

According to the National Family Health Survey (NFHS-III) report, 2005-06 the health, nutrition, and demographic behaviours of women and men vary by their own characteristics, such as age, marital status, religion, and caste, as well as the characteristics of their households, such as wealth status. Additionally, education and media exposure are important catalysts for health and demographic change.

Demographic variables: The demographic factors always play an important role in the process of women development. Age of a women has significant effect on her movement, autonomy and decision making authority in their household. In this regard NFHS-3 report of the IIPS (2005) has chosen it as an important variable.

Marital status: Marital status of women has also effects the women related issue upon which the women development is depends. The nature of the problems and challenges faced by the married women, unmarried women, divorcee and widow are sometimes common but these are often different. So the marital status of women plays an important role in the analysis of women empowerment.

Social variable: Social variables have a strong relationship with those factors which affects the process of empowerment in the society. The social variable analysed in this study are as below. Caste and tribe plays an important role in the Indian social, political and economic affairs. After more than sixty five years of the independence the caste based discrimination and the exploitation is still prevalent in the Indian society. Caste based inequalities has created strata and hierarchy in the Indian society. The socio-economic conditions of the scheduled class and scheduled tribes are still very low in our societies. These castes have very limited access to the regular employment and gainful resources and mostly works as landless labours besides non availabilities of land, lack of awareness, illiteracy and limited access to the modern services are the main characteristic of these groups. These factors lower scheduled caste and scheduled tribes rights and the kind of services provided by the government for their development and empowerment. These factors also lead to
low status of women in the society and create so many constraints in process of their empowerment. So we have to consider the caste based factors in our analysis.

**Religion:** The religion values and customs play an important role in determining the social, economic, personal and political aspects of the society in every nation. Religious factors are more prominent in the case of the women’s freedoms and attainment of their socio-political and economic rights. We have ample of examples that how religious taboos come as hurdles in path of the eradication of plus polio drive in India. Muslim women and men, followed by Hindu women and men, are less likely to be literate than women and men of most other religions, although the differentials by religion are much greater for women than for men. The proportion of women who have never attended school is higher among Muslims (48 percent) than among Hindus (41 percent) and most of the other religions. Muslim women are also less likely than women of most other religions to have completed secondary education, (NFHS-3, 2005-06). The other important variables specially related to the women concerns are also varies across the religion in India, like fertility, sex ratio, literacy etc.

**Economic variables:** The ability of a country’s economy to provide gainful employment to its population is an important aspect of the country’s level of development. Paid employment of women, in particular, has been recognized as important factor in the process of women empowerment (NFHS-III). Income and saving in the hands of the women’s gives her more autonomy and the self-confidence. For the purpose of the empowerment the control of the women’s requires over the use of income and the saving level.

**Standard of living:** Standard of living is recognised as a powerful parameter of the development by the various National and the International agencies. The standard of living of households is directly associated with socio-economic status of the household. Standard of living results better health and nutritional level of the women, which in turn affects the process of the women health and welfare.

**Educational attainment:** The educational attainment of a society’s population is an important indicator of the society’s stock of human capital and its level of socioeconomic development. Education also enhances the ability of individuals to achieve desired demographic and health goals. In this section, differentials in educational attainment of women and men are discussed by selected background characteristics.

**HEALTH AND WELFARE RELATED VARIABLES**

Health and welfare is a concept related to the substantial differences between women and men in their access to sufficient nutrition, healthcare and reproductive facilities, and to issues of fundamental safety and integrity of person. Health is a determinant of a population’s well-being,
labour market participation, worker productivity, savings, psychological behaviour and fertility (Malhotra, M., 2004). Health is a key component for strong human capital; various studies have shown that health directly influences economic development and empowerment. Women’s health affects both individual household and national economic welfare due to her greater gender roles. These women’s health related variables have been discussed as below:

- **Nutritional status of women:** Nutritional Status of Women is a key component of the women health condition. One of the indicator of women nutritional status and her health condition is a Body Mass Index (BMI), 2006 BMI reading between 18.6 and 24.9 is normally considered healthy. Formula for BMI is Weight Divided by height square. Where weight is measured in kilograms and height is measured in metres. BMI below 18 is considered underweight and BMI over 25 is considered overweight and when the index is over 30 it is considered obese. This paper has taken percentage of women having BMI in the normal range group.

- **Decision making on own health care:** Decision making by ever married women on own health care is an important variable as far as the empowerment of a women is concern. It shows that how much women is concerned about her own health care and her capabilities of taking decision regarding this subject. This paper has chosen percentage of Ever Married Women Making Decision on her Own Health Care as a study variable.

- **Health facilities cover for safe motherhood:** Safe motherhood an important goal determined by the Government of India in its National population policy 2000 and National Rural Health Mission. Centre and State Governments set up Guidelines and basic infrastructural facilities for the safe motherhood goal at three stages of the birth process: antenatal, delivery, and postnatal means percentage who received all recommended types of antenatal care and percentage of deliveries assisted by health personnel and percentage of deliveries with a postnatal check-up. In this paper percentage of Women who are in the cover of safe motherhood health facility as a study variable.

- **Female life expectancy:** life expectancy, this measure provides an estimate of the number of years that women and men can expect to live in good health by taking into account the years lost to violence, disease, malnutrition or other relevant factors. In general, women tend to live longer than men and have lower mortality rates than men at any age, but this trend does not imply that women are healthier or better able to access health-care resources. Life expectancy also uses by United Nation Development Programme in its Human Development Index. In this paper percentage Female Life Expectancy as a study variable.

- **Maternal mortality rate:** Maternal and infant health indicators are the most widely used health indicators because of their significance to overall health of a population and women’s access to
medical resources. These indicators measure the health-care system's ability to provide adequate care before, during, and after birth. In this paper Maternal Mortality Rate as a study variable.

**CONVERSION INTO STANDARD SCALE**

The variable chosen for working out composite Indices are measured in different units and in general, not directly additive and comparable. So it is necessary to convert them to some standard ‘units’ so that the initial scale chosen for measuring the variables do not bias the results. It is; however, true that any method of scale conversion involves implicit weighting and the selection of a standard scale is never a value free judgement. Standardization methods can improve the indicator and increase comparability of results across the state. Standardization makes variables scale free and remove the biasness. Standard scale conversion can be done by Ranking method, Standardization, Division by mean, standard deviation or by any ideal number. For the construction of the Women Empowerment Index ‘National Average’ is chosen for the purpose of making variables scale free. This method not only convert the variable into the standard scale but also very useful in doing comparable analysis of each state’s Index in terms of National Average.

**CALCULATION OF WEIGHT AND INDEX SCORES**

Once the bias of unit of measurement is removed from the observation, the next step in the process involves calculating the weighted average of the variables within each index to create the index scores. There are various methods used in social research for calculation of weight. Selection of These methods depends upon the nature of the variables and the objectives of the study. This paper has used the method for the calculation of weight similar to the method used by World Economic Forum in the construction of the Global Gender Gap Index in its Global Gender Gap Report in 2011. Averaging the different variables would implicitly give more weight to the measure that exhibits the smallest variability or standard deviation. First step in this paper is to convert the variables in to the standard scale by division of series by the National Average. Then determine what a 1% point change would translate to in terms of standard deviations by dividing 0.01 by the standard deviation for each variable.
Table Number 1: Calculation of weight for health and welfare index

<table>
<thead>
<tr>
<th>Health And Welfare Index</th>
<th>Standard deviation</th>
<th>Standard deviation per 1% point change</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Above Normal</td>
<td>0.133</td>
<td>0.075</td>
<td>0.006</td>
</tr>
<tr>
<td>Health decision</td>
<td>0.318</td>
<td>0.031</td>
<td>0.003</td>
</tr>
<tr>
<td>Health Facility Cover</td>
<td>0.594</td>
<td>0.017</td>
<td>0.001</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>0.058</td>
<td>0.173</td>
<td>0.015</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>0.001</td>
<td>11.513</td>
<td>0.975</td>
</tr>
<tr>
<td>Total</td>
<td>1.103</td>
<td>11.810</td>
<td>1.000</td>
</tr>
</tbody>
</table>

HEALTH AND WELFARE INDEX

Health and welfare is a concept related to the substantial differences between women and men in their access to sufficient nutrition, healthcare and reproductive facilities, and to issues of fundamental safety and integrity of person. So it is very pertinent to include women’s health related variables while preparing the index. While the life expectancy for the female has been assigned second highest weight. Performance of the different states can be analyzed by the help of the graph as below:

Graph Number: 1

Statewise Health and Welfare Index 2011
Kerala, Delhi and Tamil Nadu are the highest ranking states as far as this Index is concerned. The values for this index for these states are 1.28, 1.21 and 1.18 respectively. While the Jharkhand, Madhya Pradesh and Chhattisgarh are the lowest performing states in terms of this economic empowerment index. The values for this index for these states are 0.81, 0.80 and 0.79 respectively.

**CONCLUSION AND SUGGESTIONS**

On the basis of the finding of this paper following are important points for conclusions and suggestions:

- Maternal Mortality rate is single most contributing factor in the development of the health and welfare index. The government should take concrete action for targeting this rate.
- There exist huge disparities among the states as far as the women health and welfare index is concerned.
- Socio-economic variables have a strong relationship with those factors which affects the process of health and welfare of women. The standard of living is highly correlated with the women health and development.
- Findings of this paper suggested that women still not have free and easy access to the health related services particularly in the rural areas. So the government should enhance the cover of the health and welfare related facilities to the rural areas.
- Women are still dependent upon the male member and other elderly women of the family especially in the case of health and welfare. So there is a need to provide better counseling to the women for their issues related to the health and welfare.
Women in India still are lagging far behind as far as the Global health and welfare parameters set by the International agencies. The effective involvement of women in their health and welfare related issues not only will raise their awareness but also make them better in terms of health, which can ultimately enhance their level of development and empowerment. There is a high need for enhancing the quality and reach of the women health and welfare related services so that they feel better and healthy.

REFERENCES