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Status of Indian Women: Production and Reproduction

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The health status of women is a reflection of their social status. In order to get a clear picture of the health status of Indian women, we need to have reliable data on mortality, morbidity, nutritional status, problems related to reproduction, access to and utilization of services, etc. Unfortunately, none of these data have been adequately collected or documented. Generally, health data for women is confined to maternal health statistics and family planning (that is contraception, abortion, etc) figures. Even here there have been doubts about their reliability.

Social status can be assessed by such data as access to food, education, age at marriage, ownership of land, employment and work participation, and the existence of enabling enactment's relating to public welfare. Even here the range and spread of data is such that they cannot all be accessed. For instance, it is only recently that employment or work participation data on women have been separately collected. What we have tried to do here is to put together data to give a glimpse of the poor and deteriorating status of women. We also hope to draw attention to the lacunae in health data on women and the problems of gathering such data as exists from diverse sources. There is clearly an urgent need to create an easily accessible and comprehensive database on women's health.

Highlights of Tables

Work Participation Rates: Between 1911 and 1961 food, beverages and tobacco, textiles, wood and wood products and ceramics accounted for over 90 per cent of women's employment in manufacturing (Table 1). Since then, two notable developments have occurred in this regard: a 5 per cent drop in their combined share and the emergence of some new industries. In the miscellaneous group and in chemicals, metallurgical and engineering group are important employers of women. Today female employment has grown in rubber, plastics, petroleum and coal. Among the 20 non-agricultural industrial categories which employ the most

women, the number of women employed exceeds that of men in only one sector: manufacture of beverages; tobacco and tobacco products mainly due to predominance of female in the bidi industry. Categories in which women form a large but not dominant portion of the work force are: Tea plantation (42 per cent), manufacture of wooden and cane boxes (48 per cent) and laundry services (35 per cent) (Table 2). Indeed even when women work for larger formal sector firms they themselves often remain in the informal sector, i.e. as casual workers or under the putting out system.

Table 1: Percentage Distribution of Female Workers in Manufacturing Industries

	1911	**1931**	**1961**	**1981**
Food & Beverages & Tobacco	32.13	26.87	23.86	33.31
Textiles	41.70	46.48	49.49	32.30
Wood & Wood Products	8.92	9.76	11.98	10.27
Paper & Printing	0.03	0.02	0.23	0.85
Leather & Leather Products	4.63	3.98	1.15	0.56
Chemicals	3.01	2.00	6.11	8.69
Ceramics	8.91	8.15	5.24	9.68
Miscellaneous	0.87	1.34	1.58	4.33

Note: Rural & Urban Sectors Combined

Source: Census of India, VolI, 1961 I and 1981

Table 2: Female Workforce

	As Percent of Total
1. Education	27.08
2. Manufacture of Bidi	55.27
3. Domestic Services	46.94
4. Medical care/Health	27.47
5. Manufacture of Wooden Products	39.93
6. Weaving and Finishing of Textiles	21.18
7. Services: NCC	12.82
8. Laundries	34.67
9. Tea	47.86
10. Cotton spinning	15.50
11. Manufacture of All Types	10.94
12. Cattle and Goat Breeding	14.17
13. Vegetables and Fruits	15.14
14. Public Services (ST)	4.30
15. Manufacture of Earthware	21.25
16. Repairing Enterprises	13.06
17. Grain & Grocery	4.72
18. Manufacture of Food Products	23.46
19. Manufacture of Structurals	24.12
20. Public Services (local)	10.86
21. Sanitation	29.13
22. Coffee	42.39

Source: Poverty in India, World Bank Country study

Mean Age at Marriage (MAM): The age at marriage of a population influences patterns of fertility because it determines the length of the 'effective' reproductive

span. The mean age at marriage for girls increases with education. At matriculate level the mean age at marriage exceeds the currently prescribed minimum marriage, age of 18 on both rural and urban areas (Table 3).

Table 3: Mean Age at Marriage: 1981

	Rural	Urban
All	16.5	17.6
Illiterate	16.3	16.8
Literate		
Primary School	17.1	17.4
Middle School	17.8	18.1
Matriculates	19.3	19.8
Graduates	21.5	21.9

Source: Census of India 1981 Series I, India, Part II

Age Specific Marital Fertility (ASMFR): The social pressure on young married girls to prove their fertility is reflected in their age-specific-marital fertility rates (ASMFR). In Table 4 in 1978 among 15-19 age group, the ASMFRA was 175.2 in rural areas and 197.2 in urban areas (i.e. birth occurred in 1978 17.5 percent of married in the age group 15-19 were in rural areas and 19.7 per cent were in urban areas).

Table 4: Age-Specific Marital Fertility Rates, 1978

Age-Group	Rural	Urban
15-19	175.2	197.2
20-24	270.7	278.4
25-29	243.4	204.2

30-34	181.5	123.9
35-39	122.8	73.4
40-44	62.0	28.3
45-49	26.5	10.5

Source: Survey Report on Levels; Trends and Differentials in fertility, 1979

Maternal Health: A significant proportion of these deaths are attributed to poor birth practices. In 1987, deaths related to pregnancy and childbirth accounted for 13.2 Deaths among rural women aged 15-45 years and for 14 of those in the 15-14 year age group who are most at risk of maternal mortality.

The common causes of mortality are mainly associated with malnutrition. viz, anemia. Other major causes such as toxemia and septicemia reflect the inadequate health care facilities available to women during ante-natal care; infra-natal and post-natal care, also the fact that over 80 per cent of all births take place at home without any kind of trained medical attention (Table 5).

Table 5: Percentage Distribution of Deaths by Causes Related to Child-birth and Pregnancy

Specific Causes	1981	1982	1983	1984	1985	1986	1987
Abortion	13.7	10.1	10.7	10.8	11.5	8.0	7.6
Toxaemia	8.0	12.5	12.1	10.8	6.7	11.9	6.6
Anaemia	17.7	24.4	18.9	23.3	23.1	17.0	17.8
Bleeding in pregnancy & Puerperium	23.4	26.2	23.5	18.8	15.6	21.6	27.9
Malposition of Child	9.2	7.2	8.3	6.2	7.7	6.2	10.1

leading to death of mother							
Puerperal Sepsis	13.1	8.3	1.6	10.8	13.9	13.1	16.7
Not Classifiable	14.9	11.3	14.6	19.3	21.2	22.2	19.3
Total	100	100	100	100	100	100	100
Sample Size	175	168	206	176	208	176	NA

Source: Survey of Causes of Death (Rural) 1984 and 1987

Only half million pregnancy terminations were performed through the health services in the year 1987-88, which is 9 per cent of the total abortion induced during the same period (Table 13).

Table 13: Legal Abortions

Year	Number of Approved Institutions	Percent Increase in Institutions Over Previous Year	Number of MTP's Done	Average No.of MTP's Per Institutions
1972-76	1,877	-	3,81,111	-
1976-77	2,149	-	2,78,870	130
1977-78	2,746	27.8	2,41,049	90
1978-79	2,765	0.7	3,17,732	115
1979-80	2,942	6.4	3,60,838	123
1980-81	3,294	12.0	3,88,405	118
1981-82	3,908	18.6	4,33,527	111
1982-83	4,170	6.7	5,16,142	134

1983-84	4,553	9.2	5,47,323	120
1984-85	4,921	8.1	5,77,931	177
1985-86	5,528	12.3	5,83,704	106
1986-87	5,820	5.3	5,88,406	101
1987-88	6,126	5.3	5,84,870	96
1988-89	6,291	2.7	5,82,161	93
1989-90	6,681	6.2	5,96,357	89
1990-91*	6,859	2.7	5,80,744	85
Total			75,65,170	

* Provisional

Source: Family Welfare Year Book, 1991-92, Government of India, New Delhi, 1992.

Utilization of Services: A survey conducted by NSS, 42nd Round; showed that about 81 per cent of births in rural and nearly 47 per cent in urban areas takes place, at home. Of these 33 per cent rural and 26 per cent in urban India are unattended.

Table 6 shows that for both prenatal and postnatal care, public hospitals are used more than the private hospitals. In urban areas women prefer to go to public hospitals for both prenatal and postnatal services. There is not much difference in health utilization patterns between sexes, although females tend to use private health facilities more, perhaps because of the inaccessibility of the public health services.

Table 6: Mothers Registered For Pre-Natal Care (per cent)

	Pre-Natal		**Post-Natal**	
	Rural	**Urban**	**Rural**	**Urban**

Percentage of mother's Registered	21.15	46.83	12.60	23.76
Public Hospital	25.42	50.33	20.51	39.37
PHC	11.01	3.92	10.44	3.30
Public Dispensary	0.60	0.68	1.16	0.53
Private Hospital	20.71	22.81	16.44	22.95
Nursing Home	1.09	7.45	0.92	7.68
Charitable Institution	0.45	1.10	0.34	0.73
Private Doctors	10.75	7.52	9.97	9.88
Lady Health Visitor	24.51	4.09	91.85	4.40
Others	1.72	0.79	1.71	1.92
Total	100.00	100.00	100.00	100.00

Family Planning: As expected, women are most familiar with sterilization closely followed by male sterilization. Women are almost equally familiar with the other three modem spacing method (pills, IUDs and condoms) which contribute to 60 per cent of these (Table 9).

Table 9: Ever Use of Contraception (Per Cent)

Contraception Method	Rural	Urban	Total
Any Method	42.5	59.4	46.9
Any Modern Method	37.1	43.9	41.5
Any Modern Temp Method	9.9	26.5	14.2
Pill	4.1	8.7	5.3
IUD	3.2	10.5	5.1

Condom	4.6	14.3	7.1
Female Sterilization	26.3	30.4	27.3
Male sterilization	3.5	3.3	3.4
Any Traditional Method	10.5	14.6	8.6
Withdrawal	4.8	7.0	5.4
Other Methods	0.7	1.0	0.8

Table 10 shows that the public sector, which comprises of government/municipal hospitals and PHCs and other government health facilities, contribute as much as 79 per cent. On the other hand, the private medical sector including private hospitals, clinics, private doctors and chemists supply only 15per cent of users. The blend of public and private sources varies according to the method of contraception. In rural areas the usage of public sector is more predominant than in urban, areas especially for sterilization services.

Table 10: Source of Supply of Contraceptives

Category	Rural	Urban	Total
Public Sector	87.0	62.4	79.0
Private Medical Sector	9.6	26.3	15.0
Other	2.9	10.4	5.4
Don't Know	0.1	0.4	0.2
NR	0.4	0.4	0.4
Total	100.0	100.0	100.0

Source: Tables 7-10 NFHS

Note

National Family Health Survey (NFHS): The survey covered 24 states and the national capital territory of Delhi, comprising 99 per cent of the total population, of India. In all 89,777 ever-married women age 13-49 and 88,562 household were covered using uniform questionnaire. The data collection was carried out on a state-by-state basis during April 1992 to September 1993.