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Reproductive Health Status of Women: A Study of Underprivileged Women in Aligarh and Lucknow City.

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After six decades of independence, Indian economy has experienced expansion of unprecedented dimensions. Despite all its successes, deficiencies are present in various sectors of the economy. The rapid growth that was witnessed a few years back has failed to be 'inclusive', to take along with it different sections of people. Growth in terms of goods has occurred many-fold but poverty, inequality and inequity, unemployment etc. have also increased simultaneously. While drawing lessons from Uttar Pradesh development experience, we may say that the development process had been hindered due to social failures on various fronts. Persistence of widespread illiteracy in the younger age groups particularly among females is an issue of great importance on its own, both as an aspect of human deprivation and as a cause of other kinds of deprivation. The delivery failure on the part of the government as well as corruption is responsible for the sorry state of affairs present in Uttar Pradesh. In this paper we will attempt to analyse the aspects related to women health of the poor section of the society in Aligarh and Lucknow city.

Keywords: Women health, Reproductive health, Human Development, Child Health

I. INTRODUCTION

Health has been defined by WHO as a state of complete physical, mental and social well-being, and not merely absence of disease and infirmity. This definition is very comprehensive. Health status of a country has an important bearing on economic development. Healthy people are more productive, earn more and save more, and thus exercise a positive influence on development. Health is a means of empowering the deprived sections of society and thus an important element in the strategy for poverty alleviation. Accepting the importance of health, Schultz has emphasised that together with education it forms the basis of human capital for increasing individuals' productivity. In any scheme of poverty reduction, economic growth and long-term economic development in low income countries, health occupies a central position.

To attain a high level of health status of society, women's reproductive health should be primarily ensured because only a healthy mother can lay birth and nurture a healthy child. This

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challenge begins from very childhood because a malnourished female child during her childhood and adolescent years may enter adolescence and adulthood with anemia and other deficiencies. It will create complications during pregnancy and childbirth and ultimately lays birth to a weak underweight child increasing the risk of neonatal morbidity and mortality.

Women in all society have unequal access or control over resources, receive poor nutrition, medical care, and inferior education; they suffer violence and are even denied life (female foeticide and infanticide). Patriarchal and societal norms deny them the right to make decisions regarding their sexuality and reproduction. Through ages, many customary practices, traditions and religious beliefs relegated women to a secondary status. They have no say in reproductive matters like their age of marriage, copulation and conception, number of births, spacing between births, place of births, immunizations and use of contraceptives, etc.

II. REVIEW OF LITERATURE

Mishra, Sen and Pandey (2011) in their paper entitled "*A Disaggregated Picture of Poverty in Uttar Pradesh*" analysed the poverty situation of Uttar Pradesh and compared it with the other major sixteen states. The study also analysed the poverty situation of seventeen districts in Uttar Pradesh and found that of the seventeen districts fourteen districts had poverty levels higher than the national average.

Durgesh Chandra Pathak (2010) attempted a *decomposition analysis of poverty scenario* in *Uttar Pradesh during 1993-94 to 2004-05*. The analysis revealed that though poverty had decreased the inequality had increased. It was also observed that the decrease in poverty incidence was driven mainly by increase in the mean income. The study revealed that the main problems in the state were stark inter-region and intra-region differences.

M. Indira (2010) in her study attempts to analyze the linkages between education and human development in terms of literacy level, employment status, infant mortality rate, under 5 mortality rate, maternal care etc. The study found a strong correlation between education and other human development indicators. The study also suggested that education plays an important role in giving the opportunity to live with adequate means in ahealthy environment.

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A. Sarvalingam and M. Sivakumar (2004) in their 'A Study about Poverty, Health, Education and Human Deprivation in India' constructed a deprivation index for India, with indicators such as percentage of population below the poverty line, illiteracy level and infant mortality rate and found that, of the 33 states and union territories, Uttar Pradesh ranked 4th in the Human Deprivation Index.

Jean Dreze and **Amartya Sen (1999)** studied the human development situation in Uttar Pradesh, especially in terms health and education. They compared the performance of Uttar Pradesh with Kerala in the context of interstate, inter-regional and rural-urban disparities, women's agency and overall health system. They analysed the persistence of endemic deprivation and stressed the need to go beyond the narrow focus of current policy debates on the issue of market-oriented reforms aimed at accelerating the rate of economic growth. The study concluded apart from monetary reasons there were social, political and cultural factors responsible for the backwardness of the state.

M. F. Afzal, S. Fatma and **M. A. Haque** (2017) In their paper tried to analyse the root causes of gender disparity in Mirzapur village of Aligarh in Uttar Pradesh. The study found that girls are 30 percent more illiterate than the boys.

III. OBJECTIVES OF THE STUDY

The objectives of the study can be clearly mentioned as follows:

(1) To show the reproductive health status of women in underprivileged sections of society in Aligarh and Lucknow City.

(2) To study the status of women in the lower socio-economic group with a view to evaluating measures for women empowerment.

IV. RESEARCH METHODOLOGY

This study is based on primary data to bring out the gravity of the problems faced by people of underprivileged sections of society. Ground realities are expressed in this micro level study and it shows that people are living in a more pitiable situation than shown in government

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publications. We have met these people at their doorstep and have witnessed their plight. Even after six decades of Independence, they were bound to live in an unhealthy environment without fresh air and sunlight. Improvement in their living conditions seems a colossal task keeping in view the extent of the remedial measures that would be required for the purpose. It is great flaw that the policy makers do not have first-hand information of the problems they are trying to solve. For instance forty crores people are currently living at starvation line which is more than the total population of India at the time of independence. We can imagine the situation of women in such harsh scenario of life.

For collecting first-hand information we approached the target population by selecting the localities primarily from government records as well as from own observations. For a better selection of the target population, we contacted social workers and ward members of the area. Local people were helpful in developing a rapport with the respondents and in obtaining their confidence for getting correct information.

This study is a part of a broader study on Human Development of the Poor in Uttar Pradesh. The sample of this study consisted of 895 families (Aligarh 400, Lucknow 495) living in different municipal wards of these cities. For the purpose of the study, majority of the population is in the below poverty line category. We have taken not only the per capita income but also other indicators such as access to education, health and housing. Finally those families were selected for our sample whose income was in the range Rs 450-900 per person per month. Very few were beyond this range because income was not the sole criteria for selection of households. The survey was administered on more than 900 families and finally 895 questionnaires were taken into analysis.

V. DATA ANALYSIS

The research data was analyzed using Statistical Packages for Social Sciences (SPSS) version 16. Frequencies and percentage counts were taken to compute proportions of participants under various demographic categories like gender, socio economic status, family type etc.

VI. REPRODUCTIVE HEALTH STATUS OF WOMEN

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Reproductive health comprises several aspects of socio-economic dimensions that reveals the level of empowerment of the women. Empowerment itself is a complex as well as multi-dimensional issue; and attempts have been made to measure it by constructing various indices. Gender Gap Index is one such important Index and India's ranks is lower among the various countries. This low level of women status is also confirmed by another important measure i.e. the sex ratio. Skewed sex-ratio against women indicates all types of deprivation. Even they are deprived of their right to life. Biologically, females are stronger sex but their mortality is recorded higher at all stages than their male counterpart. Maternal Deaths are considered a leading contributors to the burden of various diseases and disability among women in South-East Asian region and responsible for 14% of deaths among women aged 15-44 years. In case of India alone, this figure was one-sixth of global maternal deaths. If we look at the states level the performance of BIMARU states are very shocking. The sex-composition of the sample shows that sex-ratio was skewed against women and the gap was 8.4 percent (54.2%-45.8%) in Aligarh, (Table-1). But in the case of Lucknow females were more than males. It may be considered a symbol of women empowerment provided that they were not widowed or separated or in destitution.

In India marriage happen without the consent of the person especially with women. Women directly bear the responsibilities after marriage that affect them physically and mentally more than the men. Out of the married people, more than 50 percent females in Aligarh got married before their legal age of marriage (i.e. 18 years) while in Lucknow this figure was 45.06 percent. This is significant and points to low age of marriage among the underprivileged class. The next highest category for females was in the age group of 18-21 years. With education and formal employment, age of marriage is likely to increase. The above figures clearly indicate lack of both in the underprivileged section of population. The figure for males was almost same as their females' counterpart. More than 50 percent males got married before their legal age of marriage i.e. 21 years in both the cities. This figure was highest in Lucknow (65.5%) followed by Aligarh.

Table-1 highlights the reproductive and health conditions of women. It is apparent from the data that more than one-third families did not follow two-child norm emphasized in national

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population policy. Here, we have taken into account only the live birth. The figure would have been shot up if we had recorded the deceased children in the family. This was the status for last 10 years. Hence, the burden of births was much higher on women especially in the poor section.

The situation of large family size shows that children are deprived of their fundamental right to education and nutrition; which will form a weak human resource in the process of development of the nation. India, over-burdened with over-population should target this section of population to achieve the objectives of population policy. Findings of the survey substantiate to the '*Transition Theory*' and '*Critical Minimum Effort Theory*' that economic growth is inversely related to population growth.

Table: Reproductive Health Status of Women

HEADS	Sub-Heads	Aligarh		Lucknow		Total	
		No.	%	No.	%	No.	%
Number of Children born during last 10 years	1 child	64	25.3	94	30.0	158	27.9
	2 children	100	39.5	108	34.3	208	36.7
	3 children	52	20.5	81	25.7	133	23.4
	4 children	27	10.6	21	6.6	47	8.3
	5 children	10	3.9	9	2.8	19	3.3
	6 children	0	0	1	0.3	1	0.1
Age of Child	0-1 years	136	23.5	100	14.5	236	18.6
	2-5 years	210	36.3	251	36.4	461	36.4
	6-10 years	232	40.1	337	48.9	569	44.9
Sex-Ratio of children	Male	315	54.6	349	50.7	664	52.5
	Female	263	45.4	336	49.3	599	47.4
Sex-Ratio of Sample	Male	1232	54.2	1254	49.5	2486	51.8
	Female	1031	45.8	1280	50.5	2311	48.2
Age at Marriage	<18 years (Female)	259	56.1	260	45.1	519	49.9
	18-21 Years (Female)	165	35.7	264	45.7	429	41.2
	>21 Years(Female)	38	8.2	53	9.1	91	8.7
	<21 Years(Male)	244	55.7	325	65.5	569	60.9
	21-25 Years (Male)	148	33.7	148	29.8	296	31.6
	>25 years (Male)	46	10.5	23	4.6	69	7.3

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Age of Mother	**15 – 18 Years**	**42**	7.3	**36**	5.2	**78**	6.1
	19-25 Years	**256**	44.4	**381**	55.3	**637**	50.9
	26 – 49 Years	**277**	48.1	**271**	39.3	**548**	43.3
	≥50 Years	**1**	0.2	**0**	0	**1**	0.07
Gap between two births	**1 year**	**84**	23.5	**102**	25.8	**186**	24.7
	2 years	**143**	40.0	**186**	47.2	**329**	43.8
	3 years	**87**	24.3	**56**	14.2	**143**	19.0
	4 years & above	**43**	12.1	**50**	12.6	**93**	12.3
Place of Delivery	**at Home**	**398**	68.8	**336**	48.8	**734**	57.9
	Safe Delivery	**69**	11.9	**139**	20.1	**208**	16.4
	Public Hospital	**75**	12.9	**145**	21.0	**220**	17.3
	Private Hospital	**36**	6.2	**68**	9.9	**104**	1266

Source: Field Survey

As far as the number of children born is concerned, 35% of the families in Aligarh and Lucknow have more than 2 children and does not follow the two child policy.

However, the age of mother for these children born during last 10 years was highest for the age group of 19-25 years. This is the age of high conception and birth. So, government should target this age group for maternity schemes.

Around 6 percent of the families have teenage mothers in the age group of 15-18 years. This figure was highest in Aligarh at 7.3% followed by Lucknow at 5.2%.

This situation is very dangerous for both mother and baby. This figure was more pitiable when we look at the age of mother at first delivery.

The study found that around 14 percent of the females have attained motherhood during their teenage. This case was highest at 19 percent in Aligarh. The situation became horrible after getting information about the place of delivery. Women of under-privileged section were grossly neglected of their reproduction right in these cities as 60 percent delivery took place at home in the absence of any medical practioner. However in Aligarh it was around 70 percent. Delivery at home is attended by senior ladies having no scientific knowledge and training to address the complications and serious situations that are resulted in high neo-natal and maternal mortality. Even today they adopt unscientific and traditional methods which increases the risk of life of

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both mother and new-born. Govemments are running a large numbers of schemes and doling out money to enhance institutional and safe delivery especially for this poor people but their efforts are not producing the desired results.

The gap between births is very crucial factor for mother's health as well as for child care and nourishment. Repeated births with lesser gap severely impact the health of mother in negative way.

The study found that 23.4 percent children were born within a gap of only one year. Around half of the births were with the gap of two years. However 18 percent and 12 percent births were with gap of three and four years respectively.

VII. WOMEN'S PARTICIPATION IN WORKFORCE

It is obvious from above facts that women's reproductive health in general and underprivileged section in particular is very poor on all the parameters. They have 'no say' in their reproductive matters which affect them physically and mentally too much. Their view and consent are not considered to be sought in the matter of their marriage, conception and birth, etc. This is because of their dependency on male members in all aspects. Their participation in workforce and assets holding is nominal. One of the most important components of human development is income of the people that is the most crucial component for decent standard of living. Survey shows that more than 90 percent males were bread earners for their families in Aligarh and around 80 percent in Lucknow. There were only 8 percent working women in Aligarh and around 20 percent in Lucknow.

Table-2: Women's Participation in Workforce

HEADS	Sub-Heads	Aligarh		Lucknow		Total	
		No.	%	No.	%	No.	%
Sex	**Male**	**439**	92	**568**	80.6	**1007**	85.1
	Female	**38**	8	**137**	19.4	**175**	14.8

Source: Field Survey

VIII. WOMEN'S STATUS IN THE FAMILY

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As we have seen that women are overburdened with their reproductive responsibilities and their nominal participation in workforce indicates that their role is limited to household chores. But their condition in their habitats is very sorry as revealed in Table-3.

As far as women decision making is concerned, two-third (66.6%) women were limited to take decisions only in kitchen and cooking related matters. Financial matters and matters related to education and health of their children and of their own were mainly decided by male members of the family. Women's involvement in decision making in financial matters was limited to an average of 7.7 percent of households in both the cities. In educational and health related matters this was barely 2.5 percent, while in matters relating to reproduction and family welfare it varied from 6 percent in Aligarh to around 14 percent in Lucknow, reflecting a more positive role of women in this respect. However, in socio-political factors, women's participation was around 8 percent in both the cities.

Ownership status shows the actual economic situation of women in society, around 72 percent women are limited to have right only on daily expenses and this figure is highest in Lucknow at 81.2 percent. Control over jewellery and bank account holders were lowest in Aligarh at 2 percent and 5 percent in Lucknow. There are only 18.7 percent households headed by female members of the family. Women headed families are found highest in Aligarh (32.5%) followed by Lucknow (10.3%). One point is likely to be mentioned here that in most of the cases where women were heading the households are found to be widow.

Kitchen and cooking source reflects the condition of women in the family as their most of the time is passed in this task. 63 percent of households in Aligarh and 30 percent in Lucknow used dung choolah in their one-room set up. Smoke and ashes were scattered all over the place. It affects directly to the health of women because they are in closer contact to the harmful substances emitted from the energy sources used in these families. 13 percent of households used a safe source of cooking energy i.e., heater/L.P.G. burner. However a separate kitchen using this source is available to only 11percent families.

Another indicator of women status especially in the poor families is related to source of water supply because it is the prime responsibility to manage it. A long queue can be seen at

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water sources which consumed much of their time; consequently they have no time for them to take care and entertain. 31 percent households were dependent on the hand pump outside their door and another 20 percent is survived on tapped water supplied by municipality. Barely 10.6 percent had access to regular water supply from a separate tap. This figure was highest for Lucknow at 11%.

Table-3: Women's Status in Family

HEADS	Sub-Heads	Aligarh		Lucknow		Total	
		No.	**%**	**No.**	**%**	**No.**	**%**
Women's involvement in decision making	Kitchen & Clothing matters	**312**	78.0	**322**	65.0	**634**	70.8
	Financial Lending & Borrowing matters	**20**	5.0	**49**	9.9	**69**	7.7
	Education & Health matters	**6**	1.5	**17**	3.4	**23**	2.5
	. Reproductive matters	**27**	6.8	**69**	13.9	**96**	10.7
	Socio-Political matters	**35**	8.8	**38**	7.7	**73**	8.1
Women's Ownership	Only to Daily Expenses	**250**	62.4	**401**	81.2	**651**	72.8
	Control over Jewellery	**8**	2.0	**26**	5.3	**34**	3.8
	Bank A/c	**6**	1.5	**6**	1.2	**12**	1.3
	Permanent Assets	**6**	1.5	**10**	2.1	**16**	1.7
	Head of the Family	**130**	32.5	**51**	10.3	**181**	20.2
Kitchen & Cooking source	NSK with Wood / Dung Choolah	**251**	62.8	**149**	30.1	**400**	44.6
	NSK with Coal / Kerosene Choolah	**46**	11.5	**41**	8.3	**87**	9.7
	SK with Coal/ Stove/Wood / Dung Choolah	**62**	15.5	**126**	25.5	**188**	21.0
	NSK with Heater / LPG Burner	**17**	4.2	**103**	20.8	**120**	13.4

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	SK with Heater / LPG Burner	**24**	6.0	**76**	15.4	**100**	11.1
Source of Water supply	Municipal Handpump outside the House	**154**	38.5	**194**	39.2	**248**	31.1
	Municipal Water Tap outside the House	**89**	22.2	**73**	14.7	**162**	20.3
	Separate Tap with Irregular Supply	**14**	3.5	**170**	34.3	**184**	23.1
	Personal Handpump	**114**	28.5	**2**	0.4	**116**	14.5
	Separate Tap with Regular Supply	**29**	7.2	**56**	11.3	**85**	10.6
Toilet	In Open Space	**132**	33.0	**137**	27.7	**269**	30.0
	Community Toilet	**19**	4.8	**133**	26.9	**152**	16.9
	Personal Toilet (Provided by Govt.)	**36**	9.0	**67**	13.5	**103**	11.5
	Personal Toilet (channel to the nali)	**162**	40.5	**75**	15.2	**237**	26.4
	Personal Toilet (pit/septic)	**51**	12.8	**83**	16.8	**134**	14.9

Source: Field Survey, NSK=No Separate Kitchen, SK=Separate Kitchen

Availability of toilet facility presented in the table shows that around one-third (30%) households had no toilet facility at all and people are forced to defecate in open. To think it is very perturbing and shameful. This is against the dignity of women. It is also highly undesirable both for people residing in the surroundings as well as for the environment. There was no significant variation in this respect in the three cities. On an average 16.9 percent households depended on community toilets. This facility was, however unsatisfactory in Aligarh at only 4.8 percent. In 26.4 percent households the waste was channelized to 'nali' and finally discharged into rivers without treatment- a most unhygienic method causing water and other pollution. This figure was highest in Aligarh (40.5%) and Lucknow (15.2%). Good quality personal toilet (pit/septic) was found only in 15 percent of the households. Data on availability of toilet facilities

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and on health and sanitation shows that Aligarh is the dirtiest of both the cities with systems of waste disposal that are highly detrimental to the environment.

IX. CONCLUSION AND SUGGESTIONS

The sex-composition showed that sex-ratio was skewed against women in the sample, If this situation persists for very long period, it will cause demographic imbalance and social disturbance. It also draws attention toward the malpractices like female infanticide and feticide. Females are less cared which causes higher morbidity and mortality among them. This malady must be addressed by empowering women in all areas of life. So long as millions of women are not respected and get their due rights, India can never be a strong nation.

Marriage in early age is harmful for health of women as their body and mind are not mature enough to discharge the responsibilities of family life. Popularising higher education for girls is one of the many measures that can be taken to address this problem. Law must be also enforced strictly.

While drawing lessons from Uttar Pradesh development experience, we may say that the development process had been hindered due to social failures on various fronts. Persistence of widespread illiteracy in the younger age groups particularly among females is an issue of great importance on its own, both as an aspect of human deprivation and as a cause of other kinds of deprivation. Popularising higher education for girls is one of the many measures that can be taken to address this problem. Law must be also enforced strictly.

The study found that, around one-third households had *no toilet* facility at all and people are forced to defecate in open. This is highly undesirable both for people residing in the surroundings as well as for the environment. Garbage disposal situation is very poor in all the different localities under the study, around 60 percent households disposed of garbage in the open that could be found scattered or in the form of heaps in the surroundings. This poor management was responsible for all forms of pollution namely land pollution, water pollution, air pollution, etc.

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Efforts should be made to enhance the level of household incomes. They must be trained and made capable to fit in moder n emerging sectors. Traditional industries should also be modernized. Women should also be part of labour force and contribute to increase the income of their families. There must be availability of jobs that suit women. They should also be suitably trained to fit in emerging sectors of the economy. The findings of the study show that the underprivileged section of the people is lagging behind in terms of economic and social development with other sections of the society. So there is a need for specific group target oriented development approach.

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