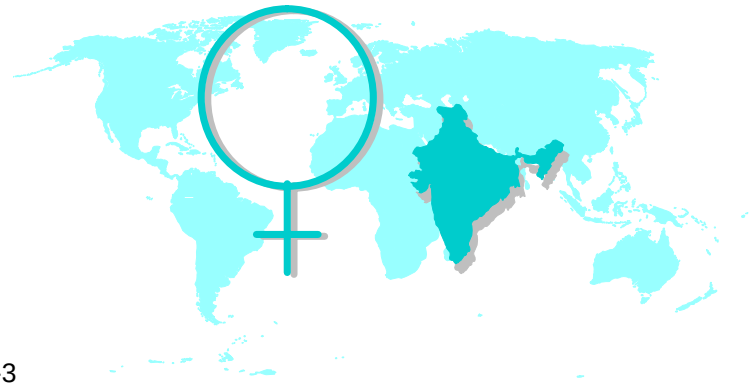

Women of the World

Women's Health in India

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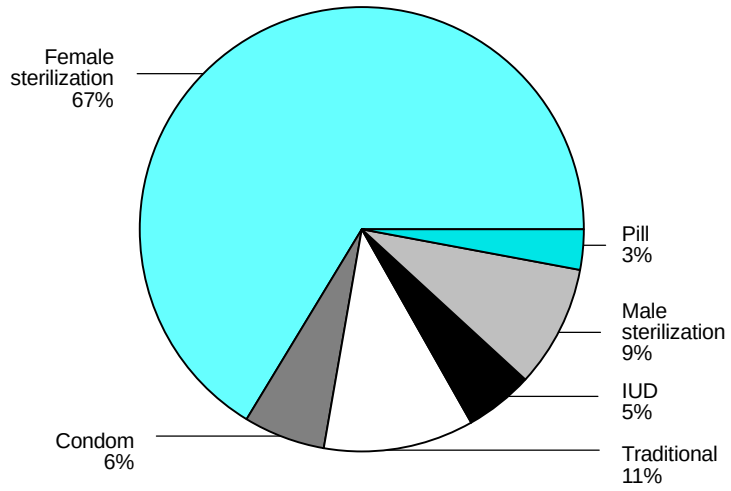
India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years.

The health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. This son preference, along with high dowry costs for daughters, sometimes results in the mistreatment of daughters. Further, Indian women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands, and finally their sons (Chatterjee, 1990; Desai, 1994; Horowitz and Kishwar, 1985; The World Bank, 1996). All of these factors exert a negative impact on the health status of Indian women.

Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low-weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labor force.

While women in India face many serious health concerns, this profile focuses on only five key issues: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India's 25 states and 7 union territories, it is not surprising that women's health also varies greatly from state to state. To give a more detailed picture, data for the major states will be presented whenever possible.

Figure 1.
Percent Distribution of Contraceptive Users by Method: 1992-93



Note: Percentages do not add to 100 due to rounding.
Source: International Institute for Population Sciences, 1995

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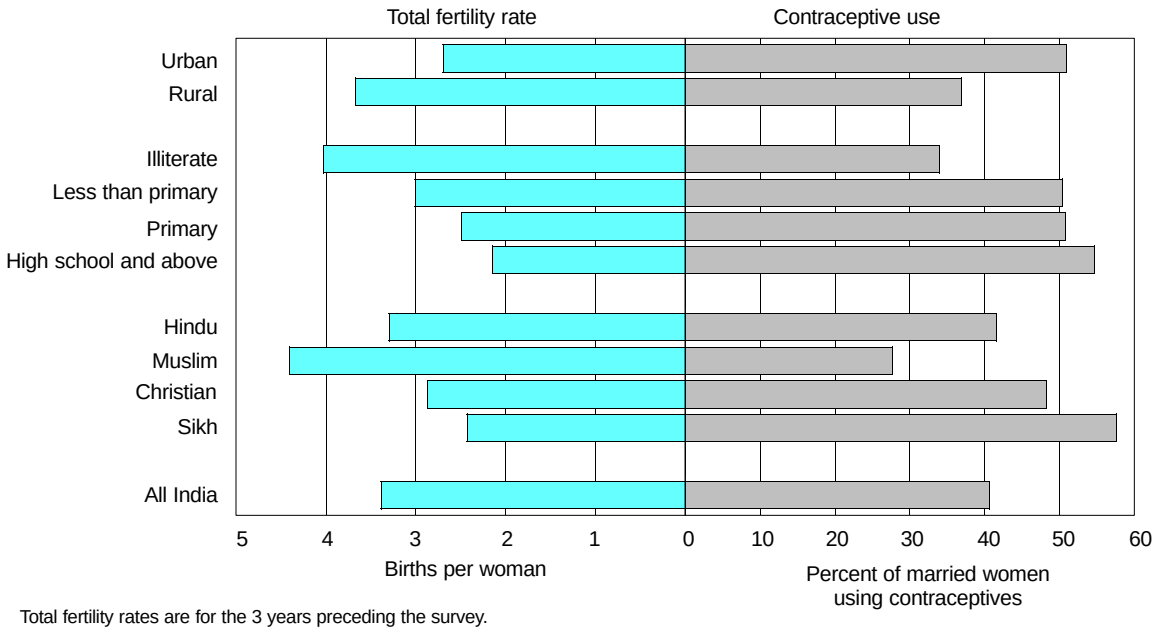
Economics and Statistics Administration
BUREAU OF THE CENSUS

Figure 2.
Fertility and Contraceptive Prevalence: 1992-93



Total fertility rates are for the 3 years preceding the survey.
Source: International Institute for Population Sciences, 1995

Fertility Intertwined With Women's Health

Many of the health problems of Indian women are related to or exacerbated by high levels of fertility. Overall, fertility has been declining in India; by 1992-93 the total fertility rate was 3.4 (International Institute for Population Science (IIPS), 1995).[1] However, there are large differences in fertility levels by state, education, religion, caste and place of residence. Utter Pradesh, the most populous state in India, has a total fertility rate of over 5 children per woman. On the other hand, Kerala, which has relatively high levels of female education and autonomy, has a total fertility rate under 2.

High levels of infant mortality combined with the strong son preference motivate women to bear high numbers of children in an attempt to have a son or two survive to adulthood. Research has shown that numerous pregnancies and closely spaced births erode a mother's nutritional status, which can negatively affect the pregnancy outcome (e.g., premature births, low birth-weight babies) and also increase the health risk for mothers (Jejeebhoy and Rao, 1995). Unwanted pregnancies terminated by unsafe abortions also have negative consequences for women's health. Reducing fertility is an important element in improving the overall health of Indian women.

Increasing the use of contraceptives is one way to reduce fertility. While the knowledge of family planning is nearly universal in India, only 36 percent of married women aged 13 to 49 currently use modern contraception (IIPS, 1995). Female sterilization is the main form of contraception; over two-thirds of the married women using contraception have been sterilized (Figure 1).

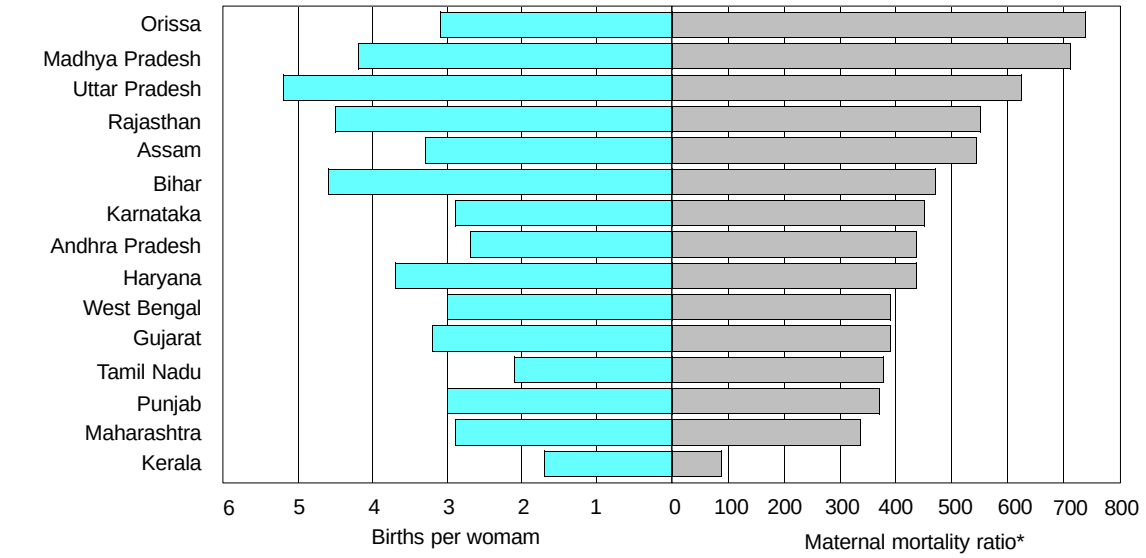
Place of residence, education, and religion are strongly related to both fertility and contraceptive use (Figure 2). More than half of married women with a high school education or above use contraceptives, compared to only one-third of illiterate women. Not surprisingly, the total fertility rates for these two groups are significantly different: 4.0 children for illiterate women compared to 2.2 children for women with a high school education or above. Differentials among the religious groups also are pronounced; e.g., Muslims have the highest total fertility rate and the lowest contraceptive use (IIPS, 1995).

Despite a large increase in the number of women using contraceptives and limiting their fertility, there is still unmet need for contraceptives in India.[2] Nearly 20 percent

[1] The total fertility rate is the number of children a woman could expect to bear in her lifetime given the prevailing age-specific fertility rates.

[2] Women who either do not want any more children or want to wait 2 or more years before having another child, but are not currently using contraception, are said to have an unmet need for family planning.

Figure 3.
Total Fertility Rate and Maternal Mortality Ratio by Major State: 1993



*The maternal mortality ratio is the number of deaths from pregnancy-related causes per 100,000 live births.
Note: Data for the state of Jammu and Kashmir are unavailable.
Source: UNICEF, 1995 and India Registrar General, 1996a

of married women in India either want to delay their next birth or have no more children (IIPS, 1995). Most of the unmet need among younger women is for spacing births rather than limiting them. This implies that methods other than female sterilization, the method strongly promoted by India's family planning program, need to be considered.

Over 100,000 Indian Women Die Each Year From Pregnancy-Related Causes

Maternal mortality and morbidity are two health concerns that are related to high levels of fertility. India has a high maternal mortality ratio—approximately 453 deaths per 100,000 births in 1993.[3] This ratio is 57 times the ratio in the United States. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) estimate that India's maternal mortality ratio is lower than ratios for Bangladesh and Nepal but higher than those for Pakistan and Sri Lanka (WHO, 1996). The level of maternal mortality varies greatly by state, with Kerala having the lowest ratio (87) and two states (Madhya Pradesh and Orissa) having ratios over 700 (Figure 3) (UNICEF, 1995). This differential maternal mortality is most likely related to differences in the socio-economic status of women and access to health care services among the states.

The high levels of maternal mortality are especially distressing because the majority of these deaths could be prevented if women had adequate health services (either proper prenatal care or referral to appropriate health care facilities) (Jejeebhoy and Rao, 1995). In fact, the leading contributor to high maternal mortality ratios in India is lack of access to health care (The World Bank, 1996).

Few Pregnant Women Receive Prenatal Care

The most recent National Family Health Survey (NFHS) was conducted in 1992-93; it found that in the 4 years preceding the survey, 37 percent of all pregnant women in India received no prenatal care during their pregnancies (IIPS, 1995). The proportion receiving no care varied greatly by educational level and place of residence. Nearly half of illiterate women received no care compared to just 13 percent of literate women. Women in rural areas were much less likely to receive prenatal care than women in urban areas (42 percent and 18 percent, respectively).

Most women who did not receive health care during pregnancy said they did not because they thought it was unnecessary (IIPS, 1995). Thus, there is a definite need to educate women about the importance of health care for ensuring healthy pregnancies and safe

[3] The maternal mortality ratio is the number of deaths from pregnancy-related causes per 100,000 live births.

childbirths. Another reason for the low levels of prenatal care is lack of adequate health care centers. It is currently estimated that 16 percent of the population in rural areas lives more than 10 kilometers away from any medical facility (Bhalla, 1995).

Majority of Births in India Take Place at Home

Place of birth and type of assistance during birth have an impact on maternal health and mortality. Births that take place in non-hygienic conditions or births that are not attended by trained medical personnel are more likely to have negative outcomes for both the mother and the child. The NFHS survey found that nearly three-quarters of all births took place at home and two-thirds of all births were not attended by trained medical personnel.

While health care is important, there are several other factors that influence maternal mortality and health. Medical research shows that early age at first birth and high numbers of total pregnancies take their toll on a woman's health. Although fertility has been declining in India, as noted earlier, many areas of the country still have high levels. In 1993, five states had total fertility rates of over 4 children per woman (India Registrar General (IRG), 1996a). In general, high maternal mortality ratios are related to high fertility rates (Figure 3).

One in Five Maternal Deaths Related to Easily Treated Problem

Anemia, which can be treated relatively simply and inexpensively with iron tablets, is another factor related to maternal health and mortality. Studies have found that between 50 and 90 percent of all pregnant women in India suffer from anemia. Severe anemia accounts for 20 percent of all maternal deaths in India (The World Bank, 1996). Severe anemia also increases the chance of dying from a hemorrhage during labor.

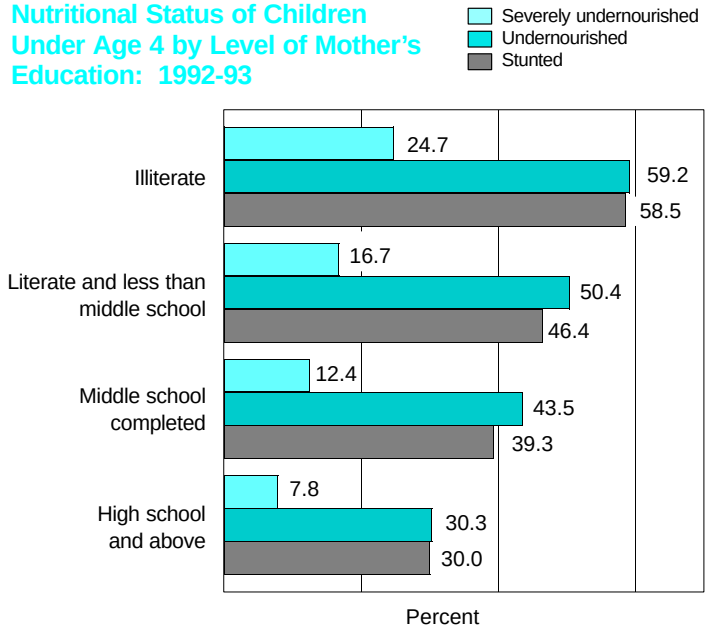
Every 5 Minutes, a Violent Crime Against a Woman Is Reported

Research by Heise (1994) has shown that violence against women is a health problem that is often ignored by authorities who view such behavior as beyond their purview. Likewise, many donor agencies do not want to work on this problem as they consider it culturally sensitive. In certain societies, violence, such as wife beating, is perceived as "normal" or as a husband's right. However, as Heise concludes, violence against women is detrimental to economic development because it deprives women of the ability to participate fully in the economy by depleting both their emotional and physical strength. Violence against women also can have negative consequences for the children of the victims.

While violence is a serious health issue for Indian women, it is difficult to say how widespread it is because data are limited. The data that are available show an increase in the reported level of violent crime against women. However, such statistics do not reflect the actual levels of these crimes because many incidents, particularly domestic violence, go unreported (Kelkar, 1992).

The data that are available show that much of the violence to which women are subjected occurs in the home and/or is carried out by relatives. For instance, the majority of reported rapes are committed

Figure 4.
Nutritional Status of Children Under Age 4 by Level of Mother's Education: 1992-93

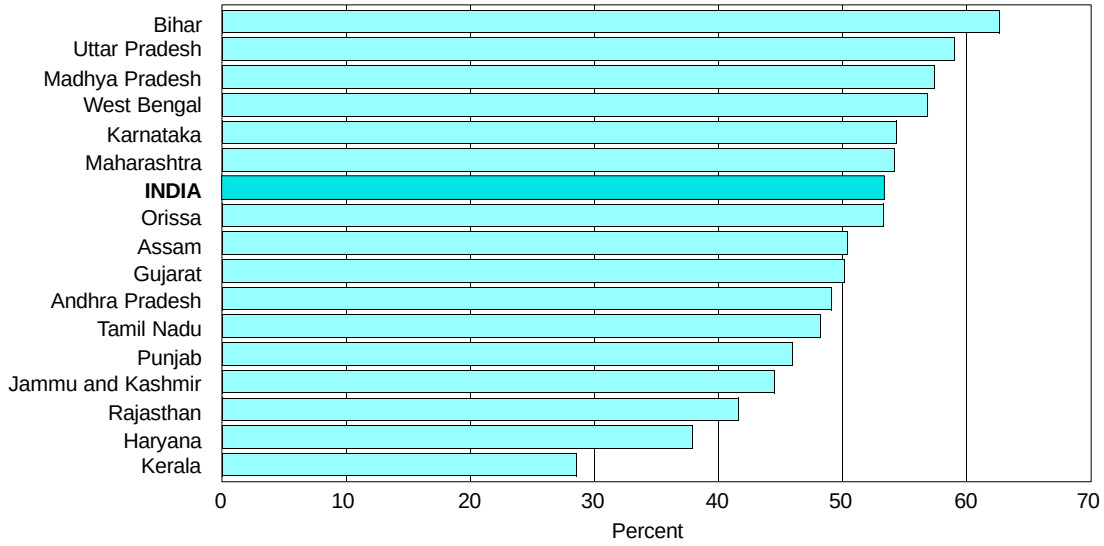


Note: Children who fall below the international reference population median by:

3 standard deviations = Severely undernourished (weight-for-age)
2 standard deviations = Undernourished (weight-for-age)
2 standard deviations = Stunted (height-for-age)

Source: International Institute for Population Sciences, 1995

Figure 5.
Percent of Undernourished Children, by Major State: 1992-93



Source: International Institute for Population Sciences, 1995

by family members. Many of the victims are young women; 30 percent of all reported rapes happened to girls who were age 16 or younger (National Crime Records Bureau (NCRB), 1995). In the past few years, there has been an increase in the reported incidence of torture — cruelty by the husband and the husband's relatives. The reported number of incidents of torture increased 93 percent between 1990 and 1994. The crime rate for torture was 5.9 cases per 100,000 females in 1994. Often women are tortured by other women such as a mother-in-law.

Dowry Deaths Increasing

The most media-sensationalized type of violence against women in India is dowry death. When a woman marries, her family provides the husband's family with gifts (e.g., clothes, household goods, cash). In many instances, the demand for these gifts does not end with the marriage but continues, as the husband's family persists in making additional dowry demands for years after the wedding. A dowry death is defined as the unnatural death of a woman caused by burns or bodily injury occurring within the first 7 years of marriage, if it can be shown that the woman was subjected to cruelty by her husband or her husband's relatives shortly before death in connection with a demand for dowry (Johnson, 1996; Prasad, 1996). Nearly 5,000 women were reported to have suffered this type of death in 1994, about 1 dowry death for every 100,000 women (NCRB, 1995). The actual number is certainly larger, as there are many deaths that should be reported as a dowry death and are not.

While studies have shown that dowry-related violence against women occurs among all subgroups of the population, the rates are higher among the poor and the lower castes. Alcoholism is also associated with increases in violence against women (Rao and Bloch, 1993).

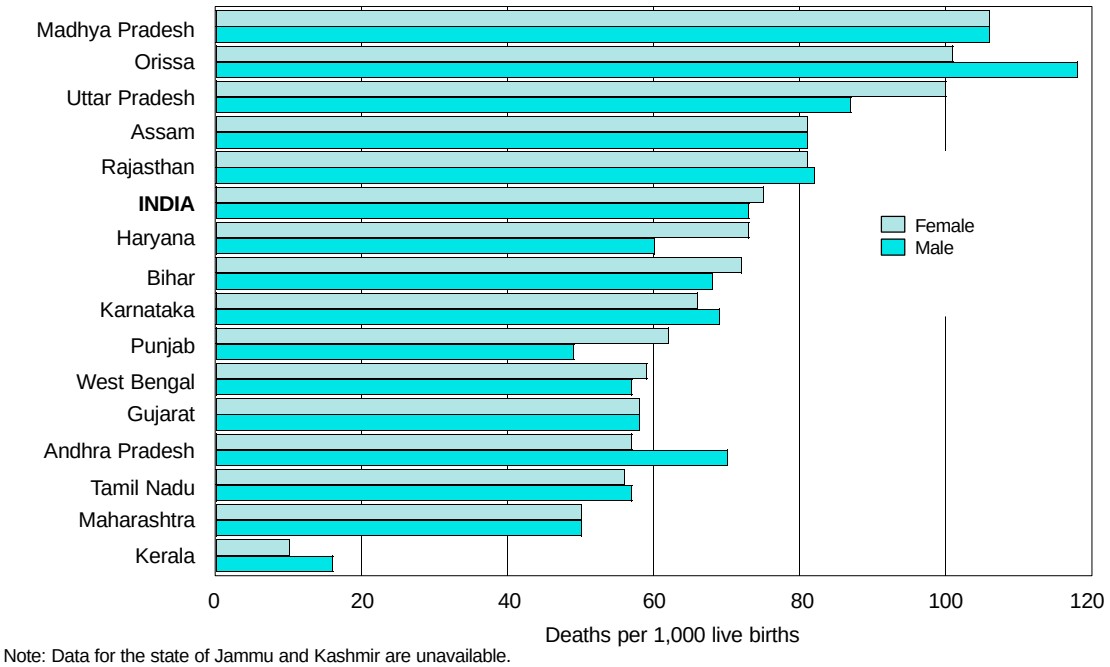
Nowhere to Turn

Unfortunately, because many crimes against women are domestic, women have limited recourse. Many women who suffer from domestic violence have little or no education, are not likely to be able to support themselves, and are unlikely to be able to turn to their parents if they leave their husbands because their parents either will not (because of the social stigma) or cannot (because of economics) take them in. Generally, the police have not been helpful to women in domestic violence cases, and there are few community support programs available to these women (Johnson et al., 1996; Kelkar, 1992). Thus, many victims of domestic violence remain in abusive situations.

More Than Half of Indian Children Are Malnourished

Numerous studies indicate that malnutrition is another serious health concern that Indian women face (Chatterjee, 1990; Desai,

Figure 6.
Infant Mortality Rate, by Sex, for Major States: 1993



Note: Data for the state of Jammu and Kashmir are unavailable.
Source: India Registrar General, 1996a

1994; The World Bank, 1996). It threatens their survival as well as that of their children. The negative effects of malnutrition among women are compounded by heavy work demands, by poverty, by childbearing and rearing, and by special nutritional needs of women, resulting in increased susceptibility to illness and consequent higher mortality.

While malnutrition in India is prevalent among all segments of the population, poor nutrition among women begins in infancy and continues throughout their lifetimes (Chatterjee, 1990; Desai, 1994). Women and girls are typically the last to eat in a family; thus, if there is not enough food they are the ones to suffer most (Horowitz and Kishwar, 1985). According to the NFHS, Indian children have among the highest proportions of malnourishment in the world. More than half (53 percent) of all girls and boys under 4 years of age were malnourished, and a similar proportion (52 percent) were stunted (i.e., too short for their age). Other studies show that many women never achieve full physical development (The World Bank, 1996). This incomplete physical development poses a considerable risk for women by increasing the danger of obstructed deliveries.

Mother's Education Strongly Related to Children's Malnutrition

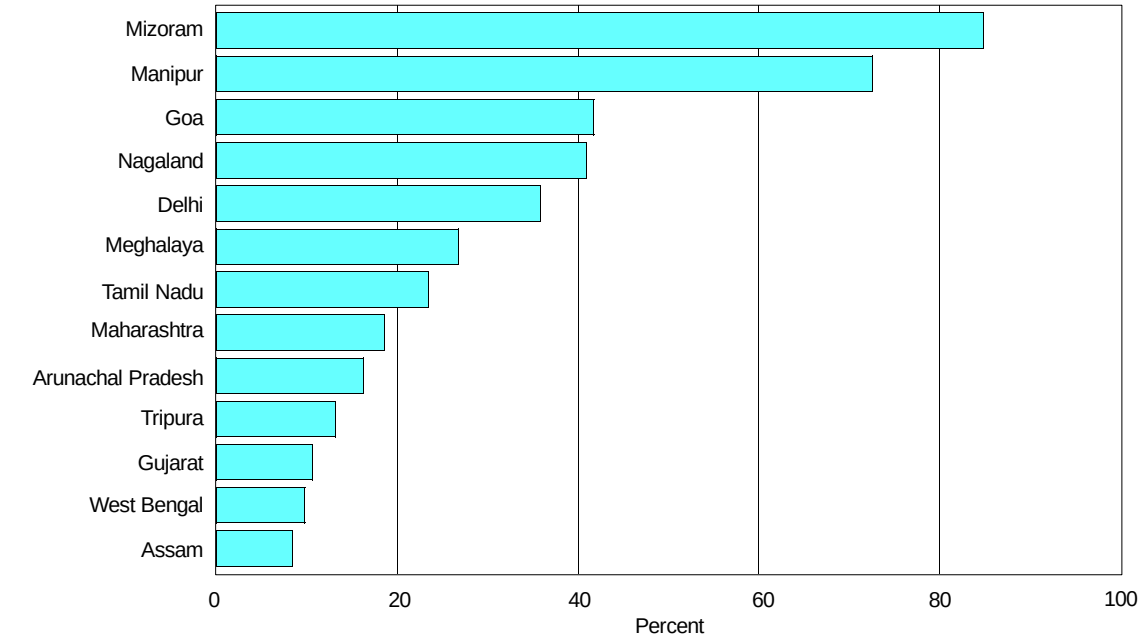
Mother's education, according to the NFHS, is highly correlated with the level of malnutrition among children (Figure 4). Children of illiterate mothers are twice as likely to be undernourished or stunted as children whose mothers have completed at least high school. The differentials are even larger when severely undernourished children are considered. Children of illiterate mothers are three times as likely to be severely undernourished as children of mothers with at least a high school education.

Nutritional status of children also differs by state (Figure 5). Bihar and Uttar Pradesh have the highest proportion of undernourished children and Kerala has the lowest, consistent with the different levels of socio-economic development in these states.

Excess Female Deaths

Several studies have found that one of the reasons for the poor health of Indian women is the discriminatory treatment girls and women receive compared to boys and men (Das Gupta, 1994; Desai, 1994). The most chilling evidence of this is the large number of "missing women" (i.e., girls and women who have apparently died as a result of past and present discrimination). Recent estimates place this number at approximately 35 million (The World Bank, 1996). In other words, there is a deficit of 35 million

Figure 7.
Percent of Ever-Married Women Who Have Heard About AIDS in Selected States: 1992-93



Source: International Institute for Population Sciences, 1995

girls/women who should be part of the population but are not. This deficit of females is due to higher female than male mortality rates for every age group up to age 30 (IRG, 1996a).[4]

Differential treatment of girls and boys in terms of feeding practices and access to health care is among the factors responsible for higher female mortality. As a consequence of their lower status overall, women experience discrimination in the allocation of household resources including food and access to health services. Boys are breast-fed longer than girls; 25.3 months versus 23.6 months on average (IIPS, 1995). Boys who are ill are more likely to be taken for medical treatment than are girls (Bhalla, 1995; Jejeebhoy and Rao, 1995). Causes of death for children aged 1 to 4 show girls dying at a higher rate than boys from accidents and injuries, fever, and digestive disorders—all causes that are related to living conditions and negligence (Government of India, 1995).

As with other indicators of health status, differential treatment of boys and girls varies by state. The infant mortality rate by sex can be used as a proxy for differential treatment. In the vast majority of countries worldwide, males have higher mortality in infancy than do females. Higher female rates are therefore considered likely to signal discrimination against girls. Only 7 of the 15 major states in India have higher male infant mortality (Figure 6). In the remaining states, equal or higher female rates suggest that girls suffer greater neglect.

One of the most extreme manifestations of son preference is sex-selective abortion. The use of medical technology to determine the sex of a fetus is on the rise in India, and over 90 percent of fetuses that are aborted are female (The World Bank, 1996). In all countries, more boys are born than girls, with a sex ratio at birth around 105 boys per 100 girls. Data on hospital births from various parts of India show that sex-selective abortion has increased the sex ratio at birth to 112 boys per 100 girls (Das Gupta, 1994).

HIV/AIDS in India Is a Little-Understood Epidemic

The HIV/AIDS epidemic in India is spreading rapidly and increasingly will affect women's health in coming years. A recent study estimated that between 2 and 5 million Indians are currently infected with HIV (AIDS Control and Prevention Project of Family Health International et al., 1996). The highest

[4] In most countries, females have lower age-specific mortality rates than do males.

rates of infection are found in population groups with certain high-risk behaviors (i.e., sex workers, intravenous drug users, and sexually transmitted disease patients). However, infection also is increasing in the general population. For example, HIV seroprevalence among pregnant women in the state of Tamil Nadu quadrupled between 1989 and 1991 from 0.2 to 0.8 percent (U.S. Bureau of the Census, 1995). The epidemic is fueled by both married and unmarried men visiting sex workers who have high rates of infection. Migrant workers and truck drivers are important components of the spread of HIV. Surveys in some areas show 5 to 10 percent of truck drivers in the country are HIV infected (AIDS Analysis, 1996).

Despite the alarming growth of the epidemic, most women in India have very little knowledge of AIDS. The NFHS found that a large majority of Indian women had never heard of AIDS. Even among those who had heard of the disease, there were many misconceptions about modes of transmission. Indian women could benefit from a strengthened national HIV/AIDS education program and intervention programs targeting groups most susceptible to HIV infection.

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Selected Population and Demographic Indicators for India

State or territory	1991 census population (in 000's)	Life expectancy 1988-92		Infant mortality rate 1993		Total fertility rate 1993	Sex ratio*		Percent of females married before age 18 1993	Percent literate				Employment rate			
										Male		Female		Male		Female	
		Male	Female	Male	Female		1981	1991		1981	1991	1981	1991	1981	1991	1981	1991
India and Major States																	
INDIA	846,303	58.6	59.0	73	75	3.5	934	927	20	56.5	64.2	29.9	39.2	52.6	51.6	19.7	22.3
Andhra Pradesh	66,508	59.1	61.5	70	57	2.7	975	972	44	46.8	55.1	24.2	32.7	57.7	55.5	33.5	34.3
Assam	22,414	53.9	54.4	81	81	3.3	910	923	9	NA	NA	NA	NA	NA	49.5	NA	21.6
Bihar	86,374	58.4	56.4	68	72	4.6	946	911	27	46.6	52.5	16.5	22.9	50.2	47.9	13.5	14.9
Gujarat	41,310	58.0	60.5	58	58	3.2	942	934	7	65.1	73.1	38.5	48.6	52.9	53.6	20.7	26.0
Haryana	16,464	62.1	63.2	60	73	3.7	870	865	20	58.5	69.1	26.9	40.5	49.9	48.5	10.6	10.8
Jammu and Kashmir[1]	NA	NA	NA	NA	NA	3.1	892	923	NA	NA	NA	NA	NA	55.8	NA	31.3	NA
Karnataka	44,977	60.5	63.6	69	66	2.9	963	960	18	58.7	67.3	33.2	44.3	54.6	54.1	25.3	29.4
Kerala	29,099	68.1	73.4	16	10	1.7	1032	1036	5	87.7	93.6	75.7	86.2	44.9	47.6	16.6	15.9
Madhya Pradesh	66,181	53.8	53.2	106	106	4.2	941	931	33	48.4	58.4	19.0	28.9	54.5	52.3	30.6	32.7
Maharashtra	78,937	62.0	64.7	50	50	2.9	937	934	25	69.7	76.6	41.0	52.3	53.7	52.2	30.6	33.1
Orissa	31,660	55.8	55.1	118	101	3.1	981	971	13	56.5	63.1	25.1	34.7	55.9	53.8	19.8	20.8
Punjab	20,282	65.4	67.2	49	62	3.0	879	882	4	55.6	65.7	39.7	50.4	53.8	54.2	6.2	4.4
Rajasthan	44,006	56.2	56.7	82	81	4.5	919	910	33	44.8	55.0	14.0	20.4	50.9	49.3	21.1	27.4
Tamil Nadu	55,859	60.7	62.5	57	56	2.1	977	974	10	68.1	73.8	40.4	51.3	56.6	56.4	26.5	29.9
Uttar Pradesh	139,112	56.1	54.5	87	100	5.2	885	879	24	47.5	55.7	17.2	25.3	50.8	49.7	8.1	12.3
West Bengal	68,078	60.8	62.3	57	59	3.0	911	917	24	59.9	67.8	36.1	46.6	50.3	51.4	8.1	11.3
Smaller States																	
Arunachal Pradesh	865	NA	NA	NA	NA	4.2	862	859	NA	35.1	51.5	14.0	29.7	58.6	53.8	45.7	37.5
Goa	1,170	63.2	63.0	NA	NA	1.9	975	967	NA	76.0	83.6	55.2	67.1	48.5	49.6	21.9	20.5
Himachal Pradesh	5,171	NA	NA	72	53	3.0	973	976	6	64.3	75.4	37.7	52.1	52.6	50.6	31.9	34.8
Manipur	1,837	NA	NA	NA	NA	2.8	971	958	NA	64.2	71.6	34.7	47.6	46.8	45.3	39.5	39.0
Meghalaya	1,775	NA	NA	NA	NA	3.7	954	955	NA	46.7	53.1	37.2	44.9	54.0	50.1	37.5	34.9
Mizoram	690	NA	NA	NA	NA	2.3	919	921	NA	79.4	85.6	68.6	78.6	52.5	53.9	37.7	43.5
Nagaland	1,210	NA	NA	NA	NA	3.3	863	886	NA	58.6	67.6	40.4	54.8	52.6	46.9	43.2	38.0
Sikkim	406	NA	NA	NA	NA	NA	835	878	NA	53.0	65.7	27.4	46.7	57.2	51.3	37.6	30.4
Tripura	2,757	NA	NA	NA	NA	2.7	946	945	NA	61.5	70.6	38.0	49.7	50.7	47.6	12.8	13.8
Union Territories																	
A & N Islands	281	NA	NA	NA	NA	NA	760	818	NA	70.3	79.0	53.2	65.5	56.7	53.3	10.8	13.1
Chandigarh	642	NA	NA	NA	NA	NA	769	790	NA	78.9	82.0	69.3	72.3	54.8	54.3	9.1	10.4
Dadra and Nagar Haveli	138	NA	NA	NA	NA	NA	974	952	NA	44.6	53.6	20.4	27.0	56.3	57.5	41.3	48.8
Daman and Diu	102	NA	NA	NA	NA	NA	1062	969	NA	74.5	82.7	46.5	59.4	44.5	51.6	22.6	23.2
Delhi	9,421	NA	NA	NA	NA	3.0	808	827	NA	79.3	82.0	62.6	67.0	52.7	51.7	6.8	7.4
Lakshadweep	52	NA	NA	NA	NA	NA	975	943	NA	81.2	90.2	55.3	72.9	39.2	44.2	9.2	7.6
Pondicherry	808	NA	NA	NA	NA	NA	985	979	NA	77.1	83.7	53.0	65.6	47.1	50.6	13.5	15.2

* Sex ratio = number of women per 1,000 men.

[1]1991 Census was not taken in Jammu and Kashmir. The projected population for the state is 7,718,700. The total population for India includes this estimate for Jammu and Kashmir. Other information shown for Jammu and Kashmir is for only the Jammu Region of the state.

Sources: India Registrar General, 1992, 1995, 1996a, and 1996b.

The States and Territories of India

Note: The two island territories of Andaman and Nicobar and Lakshadweep are not shown.