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# Performance of India on Gender Disparity in Health and Survival: A Temporal Analysis

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## ABSTRACT

In India, gender equality is a fundamental human right and a necessary foundation for a peaceful, prosperous and sustainable society. Within nation and development strategies, gender disparity is critical because it disables women to make decisions that impact their overall health and families. This paper is an attempt to analyse the determinants which are accountable for measuring gender disparity in health and survival. The present study has focused on different determinants of women health and survival *viz.,* nutritional status, reproductive health, women's empowerment and gender-based violence etc. that ensure **gender equality.** Study relied on secondary data obtained from various international and national reports *viz.,* Global Gender Gap Reports (GGI), National Family Health Survey III, IV and V, NSSO (National Sample Survey Organization), Ministry of Statistics and Programme Implementation (MSPM) and National Crime Record Bureau (NCRB). The study found that as per latest NFHS-V findings sex ratio (1020), institutional births (88.6%), adoption of family planning methods (66.7%), total fertility rate (TFR) (2.0), has improved but other indicators of health like sex ratio at birth (929) (SRB), anaemia among pregnant and all women (57%) and obesity among women (24%) and men (22.9%) has not improved compared to previous rounds (NFHSIV&III).The NCRB report findings revealed that crime against women in India increased from 56.5 per cent in year 2020 to 64.5 per cent in year 2021.

**Key Words:** Disparity, Facts Sheets, Gender, Health, Survival, Women.

## INTRODUCTION

Gender equality is the most desired state of form, which our nation is craving to have for since long. The struggle for equality has been one of the major concerns of the women's movement all over the world. (Panda and Aggarwal, 2005; Jayacharan, 2015). Gender equality is one of fundamental human right and a necessary foundation for a peaceful, prosperous and sustainable society (Ahmad, 2011; Jha and Nagar, 2015). As per UNICEF, gender equality means that women and men, girls and boys, should enjoy the same rights and liberties, resources, opportunities and protections. However, it is not important that girls and boys, or women and men, be the same, or that they be treated exactly alike. India being a nation full of achievement, still lacks few appreciations in the case of gender equality. Traditional patriarchal customs and norms have degraded women to secondary status within household and workplace. (Kohli, 2017 and Sharma *et al,* 2022) The women's struggle to live life with dignity across the country still continues. Women are facing problems in every sphere of life whether it is employment, access to health care or property rights. The attention required is still not being paid to the issues that concern this section of population.

Gender equality in India is still a distant dream. There still exists a wide gap between the goals enunciated in the constitution, legislation, policies, plans, programs and related mechanisms on the one hand and the situational reality of the status of women in India. According to Gender

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**Table 1. Global Gender Gap Index: Status of India.**

| Year | Global Index | Health and Survival | Education Attainment | Economic Participation and Opportunity | Political Empowerment |
|---|---|---|---|---|---|
| ***2018** | 108 | 147 | 114 | 142 | 19 |
| ***2020** | 112 | 150 | 112 | 149 | 18 |
| ***2021** | 140 | 155 | 114 | 151 | 51 |
| ****2022** | 135 | 146 | 107 | 143 | 48 |

*Source: Global Gender Gap Reports*

*Global index for year 2018, 2020 and 2021 was calculated for 156 nations and for**year 2022 it was for 146 countries.

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Inequality Index, measured by UNDP 2020, India ranked 132 out of 187 countries in the world. This report shows India has skewed sex ratio, with only 914 females for every 1,000 males, having 29 percent of Indian women above the age of 15 being in labour force participation, compared to 80.7 per cent men and our lawmakers in parliament having 14 per cent women only. The anti-female attitude and inequality in the society compel the women population to bring down in the traditional value system. Too much household responsibility diminishes their opportunity to flourish. Though some women are performing exceptionally well in different spheres of activities, still majority of Indian women are facing the problem of gender inequality and discrimination (Amutha, 2017 and Sharma *et al,* 2018).

It is essential to know the health status of women so that the causes of ill health are identified, discussed and misconceptions removed. Ill health of women is mainly due to poor nutrition, gender discrimination, low age at marriage, risk factors during pregnancy, unsafe, unplanned and multiple deliveries, limited access to family planning methods and unsafe abortion services. With this backdrop, this present paper is an attempt to measure gender disparity in health and survival in contemporary times.

**Data Sources and Methodology**

The present study has focused on gender discrepancies exiting in parameters determining health and survival along with violence against women. The study has relied on secondary data obtained from various international and national reports *i.e.,* Global Gender Gap (GGI), National Family Health Survey III, IV and V, NSSO (National Sample Survey Organization), Ministry of Statistics and Programme Implementation (MSPM) and National Crime Record Bureau (NCRB).

## RESULTS AND DISCUSSION

India ranks 135 among a total of 146 countries in the Global Gender Gap Index 2022 and is the worst performer in the world in the health and survival sub- index where it is ranked lowest (146). The Global Gender Gap Report provides scores on Global Gender Gap Index (GGGI) which examines the gap between men and women in four dimensions, namely, economic participation and opportunity, educational attainment, health and survival and political empowerment. Since 2018, India is continuously slipping down on the global gender gap index till date. It slipped 32 places since 2018 to rank 140 in year 2021 out of 156 countries and become the third worst performer in South -Asia. Among other regions, India's neighbours,

**Table 2. Gender-wise and region- wise nutritional status in India: NFHS (various rounds)**

| Particulars | NFHS III (2005-06) | | | NFHS IV (2015-16) | | | NFHS V (2019-20) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Rural | Urban | Total | Rural | Urban | Total | Rural | Urban | Total |
| Underweight (women) | 38.8 | 19.8 | 33.0 | 26.7 | 15.5 | 22.9 | 21.2 | 13.2 | 18.7 |
| Underweight (men) | 33.1 | 17.5 | 28.1 | 23.0 | 15.4 | 20.2 | 17.8 | 13.0 | 16.2 |
| Overweight (women) | 8.6 | 28.9 | 14.8 | 15.0 | 31.3 | 20.6 | 19.7 | 33.2 | 24.0 |
| Overweight (men) | 7.3 | 22.2 | 12.1 | 14.3 | 26.6 | 18.9 | 19.3 | 29.8 | 22.9 |
| Anaemia (women) | 58.2 | 51.5 | 56.2 | 54.3 | 50.8 | 53.1 | 58.5 | 53.8 | 57.0 |
| Anaemia (men) | 27.7 | 17.2 | 24.3 | 25.3 | 18.5 | 22.7 | 27.4 | 20.4 | 25.0 |

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Bangladesh ranked 65, Nepal 106, Bhutan 130 and Shri Lanka 116, Pakistan 153.

In the year 2021, on health and survival index, India fared the worst, ranked at 155 out of 156. After India, china remains worst performer in this sub index. The report points to a skewed sex ratio as the major factor. It says the ratio can be attributed to norms of son preference and gender-biased prenatal sex-selective practices. China and India together account for about 90 to 95 percent of the estimated 1.2 to 1.5 million missing female births annually worldwide due to gender-biased prenatal sex selective practices. Among the economic participation and opportunity index the report notes that the economic participation gender gap widened in India by 3 percent in year 2021. According to this report, share of women in professional and technical roles declined further to 29.2 per cent and share of women in senior and managerial positions also is at 14.6 per cent and only 8.9 per cent firms in the country have top female managers.

The estimated earned income of women in India is only one-fifth of men's**,** which puts the country among the bottom 10 globally on this indicator. In the index of educational attainment India ranked 114 and India has also declined on the political empowerment index as well by 13.5 percentage points, and a decline in the number of women ministers, from 23.1 per cent in 2019 to 9.1 per cent in year 2021. However, it has still performed relatively well compared to other countries, ranking at 51 in women's participation in politics**.**

To understand the dismal position of India on health and survival front it is pertinent to explore different variable of health which cumulatively determine the health and survival status. The study gauged and analysed the data provided by various rounds of NFHS which could be accounted for exploring gender health and disparities reflected thereby. Good health is a key criterion, which contributes to human wellbeing and economic growth. Adequate nutrition for women would help them to serve as productive members of the society. Nutritious diet can help us to deal with deficiencies, reach healthy weight, decreasing chances of chronic diseases and promote overall health. (Kowsalya and Manoharan, 2017). But prevailing culture and traditional practices still highlights the women vulnerability to poor nutrition status. Socialisation of men and women adhere to prevailing gender norms, women's and men's perceptions and definitions of health and ill-health are likely to vary their health-seeking behaviour.

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**Table 3. Region-wise reproductive health status of women in India: NFHS (various rounds).**

| Sr. No. | Particular | NFHS III (2005-06) | | | NFHS IV (2015-16) | | | NFHS V (2019-20) | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Rural | Urban | Total | Rural | Urban | Total | Rural | Urban | Total |
| 1. | ANC (at least 4 visits) | 42.8 | 73.8 | 50.7 | 44.8 | 66.4 | 51.2 | 54.2 | 68.1 | 58.1 |
| 2. | Total fertility rate | 3.0 | 2.1 | 2.7 | 2.4 | 1.8 | 2.2 | 2.1 | 1.6 | 2.0 |
| 3. | TT injection | n.a | n.a | 76.3 | 88.6 | 89.9 | 89.0 | 91.7 | 92.7 | 92.0 |
| 4. | Iron folic acid intake | 18.1 | 34.5 | 22.3 | 25.9 | 40.8 | 30.3 | 40.2 | 54.0 | 44.1 |
| 5. | Registered Pregnancies (MCP Card) | n.a | n.a | n.a | 90.0 | 87.7 | 89.3 | 96.3 | 94.9 | 95.9 |
| 6. | Institutional birth | 39.9 | 75.3 | 40.8 | 75.1 | 88.7 | 78.9 | 86.7 | 93.8 | 88.6 |
| 7. | Birth assisted by SHP* | 28.5 | 60.8 | 36.8 | 78.0 | 90.0 | 81.4 | 87.8 | 94.0 | 89.4 |
| 8. | Total unmet need | 14.1 | 9.7 | 12.8 | 13.2 | 12.1 | 12.9 | 9.9 | 8.4 | 9.4 |
| 9. | Unmet need for spacing | 6.9 | 4.5 | 6.9 | 5.9 | 5.1 | 5.7 | 4.3 | 3.6 | 4.0 |
| 10. | Family planning method | 53.0 | 64.0 | 56.3 | 51.7 | 57.2 | 53.67 | 65.6 | 69.3 | 66.7 |
| 11. | Sterilization (women) | 37.1 | 37.8 | 37.3 | 36.1 | 35.7 | 36.0 | 38.7 | 37.3 | 37.3 |
| 12. | Sterilization (men) | 1.0 | 1.1 | 1.0 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |
| 13. | Violence during pregnancy | n.a | n.a | n.a | 4.1 | 3.9 | 3.9 | 3.4 | 2.5 | 3.1 |

*Skilled health personnel

**Table 4. Gender-wise and region-wise survival status in India: NFHS (various rounds).**

| Sr. No. | Particular | NFHS III (2005-06) | | | NFHS IV (2015-16) | | | NFHS V (2019-20) | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Rural | Urban | Total | Rural | Urban | Total | Rural | Urban | Total |
| 1. | Sex ratio | n.a | n.a | n.a | 1009 | 956 | 991 | 1037 | 985 | 1020 |
| 2. | Sex ratio at birth | n.a | n.a | n.a | 927 | 899 | 919 | 931 | 924 | 929 |
| 3. | Screening for cervical cancer | n.a | n.a | n.a | 20.7 | 25.3 | 22.3 | 1.7 | 2.2 | 1.9 |
| 4. | Examination for breast cancer | n.a | n.a | n.a | 8.8 | 11.7 | 9.8 | 0.7 | 1.2 | 0.9 |
| 5. | Knowledge of HIV/AIDS(women) | 46.4 | 80.7 | 57.0 | 16.9 | 28.1 | 20.9 | 18.2 | 28.6 | 21.6 |
| 6. | Knowledge of HIV/AIDS(men) | 73.0 | 94.2 | 80.0 | 37.8 | 29.2 | 32.5 | 27.1 | 37.5 | 30.7 |
| 7. | Spousal violence | 40.2 | 30.4 | 37.2 | 34.1 | 25.3 | 31.1 | 31.6 | 24.2 | 29.3 |

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Women may not recognise the symptoms of a health problem, nor treat them as serious or deserving medical help and more commonly not perceive themselves as entitled to invest in their wellbeing. According to FAO estimates in 'The State of Food Security and Nutrition in the World, 2020 report, 189.2 million people were undernourished in India out of which majority are women and children. Obesity, hypertension, and diabetes are the major reasons behind the growing number of non-communicable diseases (NCDs) across the world. Around 55 million people are at risk of death if enough and timely interventions are not taken to control NCDs as per WHO.

In fact, India is the first country to adopt a strategy to minimize deaths due to NCDs by 25 per cent by 2025. Obesity in India has increased in both genders. While the percentage of men who are obese increased from 12.1 per cent to 22.9 per cent, female obesity increased from 14 per cent to 24 per cent from NFHS-III to NFHS-V round. Urban men and women had suffered more from problem of overweight compared to their rural counterparts.

It is disheartening to note that nearly one fourth (18.7%) of women in year 2019-20 continues to be underweight. Scenario with rural population was also not satisfactory as greater percentage of them was underweight and this trend went unabated since 2005-06 till date. Rural women were under-weight more than urban women and women (18.7) were more underweight than men (16.2). Though the data recorded decline in the percentage of underweight but still nearly one fifth of the population suffers from the problem of underweight which is the clear reflection of significant disparities pertaining to affordability and accessibility of marginalised to food and health services.

Anaemia is another health exigency from which there seemed no respite as is clear from data. Anaemia among women as compare to men was more glaring in our country. It is clearly depicted from NFHS-III round that more than half of women were anaemic (56.2%) and status quo continues up to NFHS- V round (58.5%). Greater percentage of anaemic women were from rural areas as compare to urban counterparts in all the three NFHS rounds which is grave concern for women health.

Reproductive health is an indispensable ingredient of women health and a major determinant of human population. Reproductive health recognizes the diversity of the special health needs of women before, during and beyond child bearing age. Women in India face many serious health concerns during reproductive stage pertaining to unequal treatment, violence against them and nutritional status. The data (Table 3) show reproductive health status of women in India. Though it is satisfying to note that percentage of those using various family planning measures had improved significantly from 56.3 percent to 66.7 percent for the said period but the irony is that the onus of using it remained almost solely on women.

Data revealed that 37.3 percent of women underwent tubectomy compared to just 0.3 percent men who got vasectomy. As a matter of fact, it has been medically proved that compared to tubectomy, vasectomy is far safer, easier and hassel free, but due to cultural norms of masculinity and patriarchy the burden was bore by women only. Increasing institutional deliveries is an important factor in reducing maternal and neonatal mortality. Seventy-nine percent of deliveries were held in a health institution in 2015-16. (NFHS-IV) The most common reason for not delivering in a health facility was that the woman did not think it was necessary (40%), but 18 percent of women said that it was too far or there was no transportation, 18 percent said that the husband or family did not allow them to have the delivery in a health facility, and 16 percent said it costs too much. Institutional deliveries got more than double between 2005-06 and 2019-20 from 40 percent to 88.6 percent.

In total fertility rate is 2.7 children per woman in NFHS III round, which declined to 2.2 children in 2005-06 in NFHS-IV round and is currently just above the replacement level of fertility of 2.0

children per woman in the latest survey of NFHS V. Women in rural areas still have higher fertility (2.1) on average, than women in urban areas in latest round of NFHS-V (TFR of 2.1 versus 1.6 children). The intake of iron and folic acid tablets by women had increased from previous round NFHS-III (22.3%) to latest round NFHS-V (44.1%) which shows that still in India less than half of women only took iron and folic acid tablets. Region wise analysis shows that still in rural areas (40.2 %) less percentage of women intake iron tablets than urban (54.0%) counterparts in NFHS-V which as so very necessary to counter anaemic and ensure maternal and foetal death.

Practices such as female feticide, female infanticide, and domestic violence were rampant. These retrogressive practices have declined with time but are yet to see a complete root out. On a positive note, first time India's decades-long efforts to improve the sex ratio finally bore fruit. For every 1000 males, the country now has 1,020 females. This was the first time the sex ratio has tipped in favour of females in V round of NFHS i.e.,1020 from IV round of NFHS i.e., 991 but when it comes to equality between men and women, as a country, India is still struggling. Gender inequalities between Indian men and women have been observed to exist right from the time they are born. From various rounds of National Family Health Survey (NFHS) III, IV and V, it was found that the sex ratio at birth (SRB) was still worryingly low 929, indicative of the fact that practice of sex selection and female foeticide still prevailed through illegally, despite an improvement from previous survey. India's poor sex ratio at birth has been a national shame and concern as it indicates a general preference for male child and also lakhs of female foetuses are being killed.

The data pertaining to women aged 15-49 yr who had ever undergone specific health examinations (examinations of the cervix, breast) is presented in this section. Overall, 22 per cent of women had undergone a cervical examination, 9 per cent had a breast cancer examination in NFHS-IV round which had recorded a significant decrease in subsequent round to just 1.9 and 0.9 per cent, respectively despite so many awareness campaigns and camps being organised to spread importance of timely examination to prevent onslaught of the disease.

**Exposure of Women and Men to Mass Media**

Information on the exposure of women and men to mass media is especially important for the development of educational programmes and the dissemination of all types of information, particularly information about family planning, HIV/AIDS, and other important health topics. Men were more likely than women to be exposed to all forms of media, including newspapers, television, and cinema. Television is the most common form of media exposure for both women and men across all subgroups, followed by newspapers or magazines. Some women and men had access to any of the four media at least on a weekly basis (25% of women and 14% of men), according to NFHS IV. One-fifth (21%) of women and one-third (30%) of men aged 15-49 had comprehensive knowledge of HIV/AIDS according to latest NFHS-V findings. Region wise data shows that rural women (18.2%) had less awareness than urban women (28.6%). Similar trends had been seen in males according to latest findings.

**Maternal Mortality Ratio**

Maternal Mortality Ratio refers to the number of women who die as a result of complications of pregnancy or childbearing in a given year per 100,000 live births in that year. According to the United Nations Population Fund (UNFPA)'s State of the World Population Report 2022 in the year, 2007 to 2011- 67 per cent of abortions in India were classified as unsafe. One in seven unintended pregnancies in the world takes place in India. The unintended pregnancies, and subsequent abortions, are intimately linked with the overall development of the country. UNFPA has called the staggering number of unintended pregnancies in the world

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"a global failure to uphold a basic human right". Unsafe abortions were the third leading cause of maternal mortality rate in India, and close to 8 women die from causes related to unsafe abortions each day.

Right to life and personal liberty is one of the fundamental rights granted by our Indian Constitution. In India women life is not safe neither at home nor at workplace. Violence against women is on high rate. The NCRB report also shows that the rate of crime against women (number of incidents per 1 lakh population) increased from 56.5 per cent in 2020 to 64.5 per cent in 2021. Most of these cases (31.8%) fall in the category of cruelty by husband or his relatives followed by assault on women with intent to outrage her modesty (20.8 %), kidnapping and abduction (17.6 %), and rape (7.4 %). Various rounds of NFHS also highlighted that practice of spousal violence was rampant with rural women suffering more than urban ones and though recorded decline overtime still nearly one third of all women experienced spousal violence.

## CONCLUSION

The health and survival status of women in India is a matter of great concern. Though, significant progress has been made seen in sex ratio, institutional deliveries, family planning methods but gender disparities in sex ratios at birth (SRB), anemia, violence during pregnancy, spousal violence and HIV/ AIDS knowledge were dismally low hence, there is need to rethink the concepts and strategies for promoting women's dignity and rights. The only full proof method to stop gender inequality is to bring about change in the mind sets of people along with strict implementation of women welfare measures. It is also suggested that support NGOs and CSOs with strong links to grass root communities to run extensive gender sensitization workshops to help promote gender equal norms between men and women.

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