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Preeti RaniPh.D Research Scholar,
Department of Sociology, CCS
HAU, Hisar, Haryana, India**Jatesh Kathpalia**Assist Scientist, Department of
Sociology, CCS HAU, Hisar,
Haryana, India

Social determinants of health and women: A review

Preeti Rani and Jatesh Kathpalia

Abstract

Objective: This review paper aimed to improve the condition of daily life style in which people are born, grow, live work a aged and die and how to handle the inequalities distribution of power, money and resources and calculate and grasp the problem and evaluate the impact of action.

Methods: Secondary data were used for this study. Data were collected from MEDLINE, Psyc INFO, Pro Quest, Web of Science, CINAHL and ERIC. An onerous selection process focusing on the inclusion of women health and the social determinants of their healthcare access resulted in 35 quantitative articles for inclusion. Data were takeout and summarized from these articles determinants.

Results: We all know that Indian society is patriarchal due to that there is a strong preference for a son. As a consequence of this, daughters are mistreated. Indian women have low levels of education and labour force participation. In India, the total literacy rate is 69.1% both rural and urban areas. In social and community contexts include voting, volunteering, participating in group activities, and community gardening. The level of poverty is greater among women than men which have adverse effects on women's health.

Conclusion: Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health status of women and girls are affected mainly due to discrimination rooted in sociocultural factors. Women's overall status has including healthcare needs, socioeconomic determinants and cultural issues rather than simply establishing healthcare centers.

Keywords: Healthcare, volunteering, Social determinants of health, systematic review, socioeconomic, population

Introduction

Social determinants of Health are the condition in which people are born, grow, live, work, play, age and die. SDH include our surroundings, school, social networks, working conditions, political rights and freedom. These all are the opportunity which helps us to maintain good health and avoid illness. The World Health Organization set up a commission on the Social Determinants of Health (W.H.O, 2005). The Commission of Social Determinants of Health includes three action areas.

1. To improve the condition of daily life style in which people are born, grow, live work aged and die.
2. Handle the inequalities distribution of power, money and resources.
3. Calculate and grasp the problem and evaluate the impact of action.

Women's health is related to the social, economic cultural and political conditions under which women live. The factors and condition affecting women's health include inter-connected physical, mental, social and spiritual dimensions (Cohen1998).The National forum on Health (1997) recognized the particular importance of the social and economic determinants of health. In present review we put the stress to understand what the Social determinants of health are and how they affect women's health status in India.

Women's Health Status in India

Being a man or a woman has a significant impact on health, as a result of both biological and gender related differences. The health status of women and girls are affected mainly due to discrimination rooted in sociocultural factors (Roopa (2013). Some of the sociocultural factors that prevent women to benefit from equality health services and attaining the best possible level of health include

- Unequal power correlation between men and women.
- Socio-cultural factors that decrease education and paid employment facilities.
- The main focus on women's reproductive roles
- Probable and real experience of physical, emotional and sexual violence.

Corresponding Author:**Preeti Rani**Ph.D Research Scholar,
Department of Sociology, CCS
HAU, Hisar, Haryana, India

Women's Health and Gender Disparities

The health of the women in India is linked to their status in the society. We all know that Indian society is Patriarchal due to that there is a strong preference for son. As a consequence of this daughters are mistreated. The Indian women have low levels of education and labour force participation. Typically they have little autonomy, living under the control of first their father, then their husband and last their sons (Velkoff & Adlakha, 1998) [23]. Patriarchy and gender inequality in society gives a bad impact on women's Health in the way, food and nutrition, more susceptible to mortality and contributing to unbalanced male female ratio as well as in the sphere of education, employment, wages and the political representation.

Life Stages

In Women's through different stages of Lifecycle, the health needs are also different. As we discuss below.

Teenage: In teenage health problems include hair problems, irregular periods, and sexual health issues, nutritional Health problems like anaemia, anorexia nervosa, malnutrition (The National Family Health Survey-4 revealed that in the age group of 15-19 years, about 41.9% girls were thin while 4.2% girls were overweight.)

Reproductive Age: During pregnancy a woman has to go through several physical and psychological changes and pregnancy related complications. Failure of contraception, sexually transmitted diseases, abnormal foetal position and shortness of breath is main health problems. Some other health problems are shown in Table 1. In the years of 2015-16

the women age 15-40 experienced specific health problem during pregnancy both rural and urban areas.

Table 1: Health problems during pregnancy (NFHS 4, 2015-16)

Problem during pregnancy	Urban	Rural	Total
Vision difficulty during day time	8.7	11.9	10.9
Convulsions without fever	13.2	17.9	16.5
Swellings on face and both extremities	34.5	30.7	31.8
Total number of women	54847	129794	184641

Middle Age: Middle-aged women may experience a wide range of physical and psychological symptoms (Hammar *et al.*, 1984; Kuh *et al.*, 1997) [7, 11]. Other somatic and emotional disturbances occur such as irritability, depression, headache, joint pain, muscular-skeletal problems, and fatigue (Begg *et al.*, 2007) [2]. Menopause is responsible for several physical and emotional changes and disturb the smooth body functioning.

Old Age Women: The older women daily face new challenges related to their health. In old age there are more chances to get heart disease cancer, diabetes, arthritis, obesity and several other chronic illnesses. Women feels financial insecure and also depend on others (Australian Human Rights Commission, 2009).

Social Determinants and Women's Health

Good social environment always gives a positive impact on women's health as well as family. So create social and physical environments that promote good health for all. In the Social determinants of health we discuss about following main attributes.



Fig 1.

Neighbourhood and Environment

We have known for a long time that the surroundings in which people perform their duties and take breath for live affect their health. (The determinants of Health from ahistorical perspective by Frank JW Mustard JF). Marmot and Wilkinson have produced a broad documentation of the health

effects through the life cycle of poverty, social isolation minorities and joblessness, the social organization of work, social welfare and social coherence, transportation, food security and tobacco. (The social determinants of Health by Marmot M, Wilkinson RG). Here we try to understand the impact of social determinants on women's health.

Neighbourhood and Environment Access to Foods that support healthy eating patterns, Crime and Violence, Environmental conditions, Quality of housing all factors affects the women's Health, (Hameed, 2014)^[6].

Good social environment and neighbourhood helps to improve physical as well as psychological health status of the individual. The social relationships with their residents, mutual trust, feeling of unity and being comfortable to work together helps to achieve common goals (like clean and safe public spaces, healthy behaviour habits and good schools), to share information regarding (childcare, jobs and other factors that affect health), and to develop informal social controls (like decline crime rate, violence and bad behaviours such as smoking or alcohol use) all of which can directly or indirectly influence health, (Joseph, 2015)^[8]. If the relationship of women is good with neighbourhood the women feel safe and secure and they can help each other at the time of emergency and during any disaster. Poor water quality, housing condition, use of biomass fuels, less proper sanitation, more exposure to environment odds as a part of livelihood increase the risk of numerous health problems.

Health and Healthcare

Poor health affects not only on women's lifestyle but also on their families. Women in poor health are more likely to give birth to low weight babies. They are also not able to provide food and adequate care for their children. Unhealthy women will be less productive in the labour force so it can also affect the economic condition of household. A combined study conducted in All India Institute of Medical Science (AIIMS) by the researchers, The Indian Statistical Institute, Prime Minister's Economic Advisory Council, and Harvard University on Gender-based discrimination. Gender discrimination always has a bad impact on women's health status in India as well as several other countries. The research shows the records of 2,377,028 outpatients visited in the AIIMS medical care from January to December 2016. In which only 37% of women got access to health care as comparison 67% of men (Mudey *et al.*, 2011)^[15]. Women always feels hesitate, shy due to limited knowledge about health care seeking matters. So that she feel uncomfortable to follow their doctor's prescription because she need to double-check these with their husband and family. Men in comparison of women were described as daring and open. There are many other reasons also present because of that a women avoid to access health care facilities. Low number of health insurance reduced the use of preventive and primary care services and it may lead to poor health outcomes. Women without health insurance may delay seeking care when they are ill or injured. Several other factors like travel distance and the lack of primary care providers can also minimise women's ability to get primary care. The women living in rural areas may need to travel long distances to get primary and preventive care such as vaccinations (Raj *et al.* 2014)^[17].

Social and Community Context

In social and community context include voting, volunteering, participating in group activities, and community gardening. The primary benefit of civic participation is to improve social relation and secondary the health benefits for participants. Here the main focuses on the relationship between civic participation, health, and well-being. The women who take participate in social and community activity voluntarily can reduced levels of anxiety and depressive symptoms. Volunteers have fewer risk factors for

cardiovascular disease. Be a member of any formal or informal group decrease social isolation and improve the physical and mental health of the women. Example a women's group, the Red Hat Society, has been shown to provide emotional support and a sense of community to the women.

In India gender discrimination affected the women's health badly. The social structures of Indian women perpetuate the oppression in the form of cultural and social norms and legal codes. As a result of this unequal social order, women are always have less access and control over healthcare resources, making women more vulnerable to suffering from health problems than men. So, female life expectancy at birth, nutritional well-being, and immunity against communicable and non-communicable diseases are lower than the man.

Education

High level of education results in better opportunity, higher income and can provide the knowledge and skills necessary to access health services and to live a healthy lifestyle. Women those have lower level of education and literacy, they may experience difficulties participating in decision making about their own health. Here is some facts on the literacy rate in India according to the educational statistics report release by MHRD in 2018.

In India total literacy rate is 69.1% both rural and urban areas. The overall literacy rate in rural India is 64.7% in which 56.8% females and 72.3% males.

The overall literacy rate in urban India is 79.5% in which 74.8% females and 83.7% males. If all women completed their primary education, maternal mortality would be decreased by two-thirds and saving 98,000 lives.

Educated women can reduce 15% fewer child deaths (Fact Sheet 2013). Women with less education are not able to find, understand and use health related information. Education can modify women's beliefs about disease and thus influence both childcare practices and the use of modern health care services. Women education is more important for extend to their children as well as for the society.

Economic Stability

The level of poverty is greater among women than men. The adverse effects can be expected on women's Health. The poor and very poor women were much less likely to say that their health was excellent or very good for their age. Unemployment directly affect women's health through its relationship i.e. anxiety, depression, and loss of self-esteem or through its influence on other health resources indirectly, such as income or housing.

Another problem arise due to low economic condition is Food insecurity. According to National Family Health survey -4, the percentage of women who are mild anaemic is 40%, moderate anaemic 12% and 1% women is suffered from severe anaemic condition (Table 2). Maternity status with anaemic condition report reveals that among the women who are breastfeeding anaemic percentage is 58% while pregnant women with anaemic condition share 50% to total count and the women neither pregnant nor breastfeeding toll of anaemic condition is at 52%. Our country's traditions and social boundaries don't let women to take required nutritious diets. In India's social structure and laws governed by some rural societies reveals that women are bound to serve food to all family members firstly and eat it lastly. Due to these social reasons women missed their own health status and nutritious diets.

Table 2: Anaemic condition of women in India (NFHS 4 (2015-16))

Anaemic condition of women	%age
Mild	40%
Moderate	12%
Severe	1%

Table 3: Maternity status with anaemic condition

Maternity Status	%age
Breastfeeding with anaemia	58%
Pregnant with anaemia	50%
Not pregnant	50%

Health Schemes for Women's in India

Various schemes are working for improvement of the women's Health status in India. These schemes are as follows.

The Indira Gandhi Matritva Sahyog Yojana: The Indira Gandhi Matritva Sahyog Yojana (IGMSY) was introduced in 2010 by the government of India. It was a maternity benefit program run by the Ministry of Women and Child Development. It is a conditional cash transfer scheme for pregnant and lactating women for first two live births. In this Yojana the provision of cash for maternity benefit of rs.6000. This is a wage compensation programme for women to provide conditions for safe delivery and good nutrition.

Janani Suraksha Yojana: Janani Suraksha Yojana by the National Health Mission for a safe motherhood and childhood. The main objective of reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme, launched on 12 April 2005, implemented in all states and Union Territories (UTs), with a special focus on Low Performing States. In this Yojana Accredited Social Health Activist (ASHA) worker was appointed to make a link between pregnant women and the government.

RMNCH (Reproductive, Maternal, New born, Child and Adolescent Health (RMNCH), 2013): The Reproductive and Child Health (RCH) Programme was launched on 15th October, 1997. The main objective of this programme to achieve status in which women will be able to regulate fertility and go through their pregnancy and child birth safely, and the outcome will lead to successful survival of mother and child.

Other schemes

Beti bachao Beti Padhao: Beti Bachao Beti Padhao (BBBP) was launched on 22nd January 2015 at Panipat in Haryana by the Prime Minister of India. This scheme works as a combination of three ministries namely Health and Family Welfare, Women and Child Development and Human Resource Development. The main focus of Beti bachao, Beti Padhao to addressing the declining Child Sex Ratio(CSR) and other issues related to the women empowerment:

- To help remove gender based discrimination and elimination.
- To protect and girl child by providing safety and security.
- To increase the education participation of girl's child.

Working Women Hostel: The main objective of Working Women Hostel is to provide safe and appropriate accommodation for working families. Here the day care

facilities also available for their children. The women who's earning not more than R.s 50,000 per month in metropolitan city and R.s 35,000 in other areas, are able to take advantage of working women hostel.

Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA): A 100 days employment provided by the government for the people of rural areas to do manual work. Under the scheme of MGNREGA gender inequality declines and equality gears up, also both men and women work for same wages. It also provide childcare on site.

Self-Employed Women's Association of India (SEWA): A scheme of the government under which union of women from poor and informal sectors worked to achieve their life goals. It also provide food, and security to women from said sectors and gears up them towards being self-sufficient and autonomous.

Domestic Violence Act: Domestic violence Act was enacted in 2005 to protect women from domestic violence. It was brought into force by the government of India from 26 October, 2006. The Act provides protection to the women not only physical violence, but also other forms of violence such as emotional/verbal, sexual, and economic abuse.

Conclusion

The health of women had a significant association with educational, income levels, household conditions and social environment. Their reflection on negative experiences in women's health is alarming. Women's health is the basis for family and society's health, so efforts to make a healthy society as a platform for women's health are essential. Make necessary arrangements for education and employment of women, while maintaining respect for their roles as mothers and wives. The life of women is very much affected by structure of society, ambience of their working and living places. So the status of women highly influenced by above mentioned factors rather than medical factors. Every woman cannot afford good medical facilities due to many reasons, by improving the environment of their working places and their houses, the risk of infections is reduced to greater extent. For policy making the interaction between health status and social determination of health must be considered. There is a need for policies that could improve health status of women, in the low education, income brackets and gender inequality. Hence, the women and individual should be encouraged to participate in health programmes for the promotion of their health and wellness.

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