Chapter-7

Health Status and Empowerment
The status of women in the society has always been considered as subordinate to men. Whether it is, nutritional standard, land rights, educational facilities or access to health care, women are always given less priority. As a woman is considered to leave her parental home after marriage, her access to education is considered to be an additional burden upon her marriage expenses. However, the reproductive role of the woman is always given a weightage although but only when she bears a male child.

Health and Well-being
Dreze and Sen (1995: 142) state, “it has been evident that female foetus have more chances of survival than their male counterpart. In spite of this biological advantage, many deaths occur among the young girls due to lack of health care, malnourishment etc.” According to the census data of 2001, the sex-ratio of India is 933 but there are wide variations across the country. It can be seen from the data that the state of Kerala has the highest male-female ratio i.e. 1058 and stands in sharp contrast to Haryana, which has the lowest i.e. 861.

Be it food or health care, there is a skewed distribution of resources between men and women. It can be assumed that previously the life expectancy of women was better off than men due to various factors like they were more confined to household works which relatively involved less stress and labour. But now-a-days a working woman faces all sorts of mental and physical hazards while performing dual roles. Women who were considered to have a higher survival rate in old age i.e. after crossing the fertility age are now facing problems of hypertension, blood pressure, mental trauma etc.
The picture presented from the field data helped to substantiate the understanding about health and well-being of women. The responses recorded in the field about the health status and accessibility to health care services have been analyzed under the following themes.

**Record of Illness**

Generally it is seen that mostly deaths occur among women especially in the reproductive age-group. The specific causes of deaths among women during pregnancy and child birth have been identified as unsafe abortion, toxemia (hypertension during pregnancy), anaemia, hemorrhage (bleeding during pregnancy and puerperium), obstructed labour (malposition of child leading to death of mother), and puerperal sepsis (infections after delivery). Any marked changes in decline of maternal mortality can not be achieved through either accessibility to education or nutrition. In this context, Nayar (2007) argues that the social determinants have to be addressed for understanding of health differentials among individuals. All this again involves right of a women over access to resources (Kabeer 1999), which has been constrained by social discrimination against them. Therefore, to control maternal mortality, it is important that women have right over social and health benefits. Every woman should receive adequate care during obstetric complications. Karkal (1985) is of the view that, to some extent, skilled birth attendants can help in reducing the number of women dying during pregnancy or 42 days after. Bhutto et al (2008) points out that improvement in primary health sector can also help in reduction of mortality and morbidity. It is emphasized that not only caesarean section but also availability of contraception, balanced diet, clean delivery, pre-eclampsia prevention can act as preventive measures to solve the problem of maternal mortality.

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1 Survey of causes of Death, 1997, Register General of India.
While interviewing the women members, it was found that previously deliveries were conducted in homes. But now-a-days with growing awareness, institutionalization of delivery and assistance by skilled birth attendants has been slowly taking place in the villages. During the absence of the doctor, it was the ANM (Auxiliary nurse midwife) who help in the delivery.

A member of Narishakti Swayansahayak Mandala of Bentapur village said that as a child in the village suffered from tetanus soon after delivery at home; people have started using the hospital. She said that in the village, institutionalized delivery has been gradually replacing deliveries at home.

The members were also of the view that minor health ailments were treated by the home based remedies. In case of acute diseases, one used to consult the doctor in the primary health centre. The most common diseases reported were fever, dysentery, anaemia, urinary tract infections. In adverse situations like malaria, diarrhoea, complications in pregnancy, the Capital hospital located in Bhubaneswar was consulted.

**Visit to Health Centre**

Usually women lack access to health care due to the cultural constraints of patriarchal society. They are the last ones to be given priority in matters of health. Generally it is only during pregnancy that the health of a woman comes into concern. Otherwise it is the male folks of the family whose health is considered to be important and so more resources are invested for them. For other health problems, they are the last ones to visit the health centre. Various factors like lack of funds, low status of women, non-availability of free time from the workplace are some of the factors responsible for this. 'It is noted that women often tend to hide their sickness in order not to disrupt household work, to save medical expenses, or out of shyness' (Agarwal 1986: 172). It is only
when the condition of woman in the family becomes an issue of concern, she avails medical treatment.

In the field, it was found that previously when the women members were confined to homes, they were not able to deal with things outside. Generally they were accompanied by the male members to the health centres. To go to the health centre they had to also adjust with the timings of the male members. In case of minor health ailments, the women did not access the health centres but preferred home based remedies. But with involvement in the SHG, awareness about health has taken place. Sometimes women of the villages also come together to accompany any women of the village. But when distances are long, men used to carry them in bikes.

*A woman involved in Madana Mohana Swayansahayak Gosti said that after joining SHG, she can go to the health centre during illness along with other women.*

At times women members used to accompany women in labour to the hospital. As mentioned earlier, the ANMs also accompany the women and help in delivery in the absence of the doctor.

*Initiatives of the SHG for Providing Health Care Services*

Various health programmes like HIV/AIDS programme, National Tuberculosis Programme, National Malaria Eradication Programme, Polio Eradication Programme, health camps on cataract are organized by the chief medical officer along with the help of CDPO. The members of the SHG along with the Aganwadi workers help in spreading awareness about health in the villages. The Aganwadi workers also conduct pre-natal and post-natal health check ups
of mother, and child immunization and the measurement of the weight of the
new born child.

**Change in Awareness about Health and Well-Being**

There has been some sort of development of awareness among the members
about health after their involvement in the SHG. With the support of the ANMs
and Anganwadi workers, the importance of institutionalized delivery has been
perceived by the women of the villages. They have also been aware about
immunization of new born children.

_A member of Maaharithandi Swayansevak Gosti said that she did not
immunize her first daughter but after coming into contact with the SHG, she
became aware and immunized her other two children i.e. a son and daughter.
Now she also spreads awareness about the positive effects of immunization and
motivates the villagers to attend the immunization camps._

_Another woman of Maabhubasini Swayansevak Gosti pointed out that she
helped to spread awareness among the villagers to immunize the new born
child and give polio drops to children at specific age. She was of the view that
previously the villagers did not immunize their children because of various
superstitions. But after our efforts, they are coming forth to immunize their
children._

**Sexuality**

Since ages control over women autonomy is practiced by society through
restricting their movements. Status symbol is also reckoned to control the
sexuality of women. The aspect of sexuality has always been tabooed in the
society. But now-a-days with increasing awareness and information, changes
are visible. Probing into this aspect in the villages was really a challenging task.
Being a sensitive topic, it was discussed among the women of SHG only after establishing a rapport. They opened up by saying that women exercised little control over their bodies. When queried about intercourse, most of the women said that it was basically their husbands who took the initiative. After that they get forced into it. The autonomy of women in regard to her body was minimal. The general opinion of women about the process was that it should be initiated by a man into which they fall along with. Moreover most of them also believed that one should not deny her partner, when the latter was sexually active. Basically, they considered it to be their duty to satisfy their husbands. But at times when they were either tired or ill, they said that they declined. Sometimes the husbands also cooperated with their wives when the latter had menstruation or had any other serious illness. The mentality of women can be rightly understood through a response elicited in the field.

One of the woman involved in Madana Mohana Swayansahayak Gosti opened up by saying that when she was married, her parents taught her to consider her husband as god and listen to him. She considered that after marriage it was her duty to satisfy the needs of her husband. When she was tired but her husband wanted to have sex, she never denied him. But during times of illness and menstruation her husband was considerate.

The whole logic behind this was that they did not want their husbands to look for other options like indulging in extra marital relationships. They considered that if they are not able to satisfy their partners, then the marital relationship is going to be ruined. Therefore, even though the wife did not want to have sex, she never denied her partner to go for it.
Access to Contraceptive Measures

Basically family planning measure was the crucial agenda under the implementation of reproductive health approach in the country. It was under the disguise of reproductive health that ways to control the population growth was being advocated. In a way the other aspects of basic livelihood needs were sidelined in this joint venture of population policy and reproductive health. In this context, women were considered as scapegoats for controlling fertility and thereby alleviating poverty. According to Qadeer (1998: 2681), ‘the official concept of reproductive health, then is not necessarily pro-women, it is only women-centred’.

The reproductive rights of a woman are violated when she is looked from the perspective of population control than having control over her fertility. The situation becomes even more adverse when a pregnant woman is equated as a patient wherein all her freedom is curtailed. Control over the body includes not only having power over one’s fertility but also having access to safe reproductive technologies. These reproductive technologies can be said to play a role in empowerment or disempowerment.

In a sense, the reproductive health of a woman should be considered holistically which should include the entire life span of a woman than just focusing on her reproductive age group. A womb to tomb approach should be enforced than highlighting piecemeal approaches. In a sense, focus should be on making people accessible to health care facilities rather than just concentrating on family planning measures. It is also crucial that women have control over their bodies in a real sense. For this change to take place, the self-confidence of women has to be developed. And in a long-term perspective both men and women should be made to realize the very fact.
But generally when it comes to contraceptive measures, men leave the sole responsibility on women considering that fertility is the attribute only assigned to the womenfolk. Whether it is in terms of contraceptives or sterilization, women are targeted first. Though studies prove that tubectomy involves greater risk than vasectomy, the latter is rarely practiced by men. Therefore, if a women resorts in taking up any of the contraceptives or practices tubectomy in order to control her fertility, she cannot be said to be empowered without considering the social situation in which she dwells in.

Keeping the side effects of contraceptives in back of the mind, the women in the study was asked about the measures adopted for family planning. These responses are analyzed in the following table:

<table>
<thead>
<tr>
<th>Contraceptive Measures</th>
<th>Government</th>
<th>NGO</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>42</td>
<td>31</td>
<td>73</td>
</tr>
<tr>
<td>IUDs</td>
<td>39</td>
<td>24</td>
<td>63</td>
</tr>
<tr>
<td>Condoms</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>26</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not using category</td>
<td>36</td>
<td>61</td>
<td>97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>148</strong></td>
<td><strong>151</strong></td>
<td><strong>299</strong></td>
</tr>
</tbody>
</table>
It was found that generally family planning measures were adopted by women themselves. Mostly contraceptive pills and intra uterine devices (IUDs) used as contraceptives. These were supplied by the governmental agencies. Generally, contraceptives were used by women in order to avoid frequent pregnancies and have spacing between children. In most of the cases the husband had an idea of the wife availing contraceptives. The use of contraceptives was also within the knowledge of the in-laws. The women said that the instances of men using condoms were very rare as it has been installed in the minds of men that its use does not lead to sexual satisfaction.

A member of Radhi Gosai Swayansahayak Mandala said that though some men went for the use of condoms but the instances of the same were very rare. Widely used contraceptives were the pills and IUDs. She also said that generally it was the women who go for tubectomy rather than men going for vasectomy. This is again with the consent of the family members.

Another member involved in Madana Mohana Swayansahayak Gosti added on by saying that husbands are least bothered about contraceptives. It was
generally the wife who took the contraceptive measures but again for this the concurrence of the husband was needed.

Moreover, as women's bodies were considered to be solely responsible for child birth; so they were thought of to avail the preventive measures, be it temporary contraception or sterilization. Tubectomy was widely conducted against vasectomy though the former involved more health complications than the latter. Again women underwent sterilization only with the consent of the family members. Moreover, when tubectomy was conducted after two children, one of them happened to be a male child. In case of households having only girl children, the desire for having a male child prevented women from undergoing sterilization.

However, a woman can be said to be autonomous, if she takes a decision to have no more siblings after the birth of two daughters, in spite of demands from her in-laws to have a son to carry on the name of the family. This can also reduce the burden on womenfolk to produce more children and thereby making them vulnerable to maternal mortality with frequent pregnancies. Therefore, one of the variables influencing improvement in status of women can be made possible through possession of rights over her own body.

**Influence on Health Status**

Though emphasis has been led on availability of contraception and sterilizations but neither orientation towards safe contraceptives nor consensual sterilization is made. However, ensuring safe motherhood programme to all the women should be the responsibility of the government. All the women should be made accessible to safe contraceptive techniques.
As most of women in the block resorted to contraceptive pills, they were complaining about headache, nausea, stomach ache, weakness, disruptions in the menstrual periods etc. In spite of these, they took the pills as a contraceptive measure. This was because of the wide non-acceptance of contraceptives like condoms by men. Though condoms were advocated to be the used without any side effects, men were not ready to accept it fully. Women resorting to IUDs and going for tubectomy said that sometimes they had pain and bleeding.

*A member of Radhi Gosai Swayansahayak Mandala said that she had constant bleeding after the insertion of IUDs, she has reverted back to contraceptive pills.*

*Another member of Madana Mohana Swayansahayak Gosti revealed that she sometimes had headache, nausea and felt weak after taking the contraceptive pills.*

Having developed an understanding about the health and well-being of women, it is essential to have a broader idea about the autonomy of women. This would help in understanding what empowerment actually means. It would help in understanding whether making women accessible to resources would empower them.

To present a real picture about the possession of rights over decision-making, women in the field were queried about their perception of empowerment. This was to gain insight about status of women in the society.
Perception about Empowerment

Women involved in the SHGs considered their present status as a shift from what they were before. Their involvement in the activities of the SHG made them mobile. In the beginning they faced some criticisms from their own family and also villagers. But now their participation has been appreciated as it added an extra income to the household and also brought about some improvement in the conditions of the village.

A member of Buddhibangari Mahila Mandala said that members of the SHG have accumulated some money for the construction of roadways in the village. Looking into all these activities, the villagers including her father-in-law have now-a-days developed some respect about her involvement.

Another woman involved in Rudraswara Swayansevak Gosti revealed that previously the involvement of the women outside the home was being criticized but now the people are slowly becoming aware about the fact that women can also help to supplement the income of the family. Income generating hands has been added to the families with the SHG revolution.

<table>
<thead>
<tr>
<th>Perception about Empowerment</th>
<th>Government</th>
<th>NGO</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crossing the four walls of the house</td>
<td>57</td>
<td>69</td>
<td>126</td>
</tr>
<tr>
<td>Work outside homes</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Walk freely in the village</td>
<td>34</td>
<td>21</td>
<td>55</td>
</tr>
<tr>
<td>Spend on themselves and on their families</td>
<td>46</td>
<td>53</td>
<td>99</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>148</strong></td>
<td><strong>151</strong></td>
<td><strong>299</strong></td>
</tr>
</tbody>
</table>
Most of women perceived ‘empowerment’ as crossing the four walls of the house. Previously they were secluded within the house. Work inside home was considered to be of women and outside that of men. In other words, women were expected to cook and manage household. They were also expected to take care of children and also old-aged persons. And men were held responsible to earn a livelihood for the family. But involvement of women in the SHGs has changed the very notion. Alike men, now women folks can earn income. And they can also move out of their homes.

The women were of the view that engaging themselves in the activities of SHG helped them to share their joys and sorrows with other members. They thought that now they are not alone but assisted by others during emergencies. This
gave them a vent in channelising their emotions and helped them to arrive at solutions of their problems. Matters relating to marriage and family disputes, upbringing of children, cookery were discussed among the members. At times of need, the members also went with the one in crisis to solve the problem.

Previously the interaction of women outside home was rare. After involvement in SHGs, they feel that the fear and shyness for talking with others have disappeared. They also take care to be well-groomed. They can also establish eye contact with other male members while talking. During the panchayat elections, the women members also campaigned for the representatives involved in particular SHGs throughout the village.

Now they are also able to move out in the village to attend meetings and training programmes. Some times, they also accompanied each other in going to health centres. In case of minor health problems, they went with each other to the health centre located in their village. They also helped out expecting women in the group and visited her home regularly after her delivery. They also used to go alone to markets to buy food items and clothes.

The women spend their money for buying saris, bindis and bangles for themselves. At the same time they also spend for purchasing cloths for other members of the family. Some of the members felt that earning an income was a source of empowerment.
Enhancement of Self-Esteem and Self-Confidence through Financial Independence

Different views of the members in regard of changes in their lives after their involvement in the SHG have been narrated by them in the following words:

Members of Vasudeva Mahila Sangha of the Sarakana village viewed that previously they themselves faced the problems within the four walls of the household. But now whenever anyone faces any problem, they discuss with other members about the problem in order to arrive at some solution. The members also said that the SHG has become a place of gathering for all their despair, problems and also during their idle time. This helped them to share their joys and sorrows with other members of the SHG.

A member of Nursinghanath Mahila Sangha said that previously before joining the SHG, the women of the village were confined within the four walls of the house. But now the situation has changed and they can go outside to fetch water, buy commodities from shops, attend training workshops etc.

Another woman of Madana Mohana Swayansahayak Gosti was of the view that after her involvement in the SHG, she can walk out of the home and move out in the village to buy things from the market. She also said that after joining SHG, she can go to the health centre during illness along with other women.

One of the members of Maa Khetrapani Mahila Mandala of Nagapur village said that before her involvement into the developmental activities, her life was meaningless. And now when she had added meaning to her life, she does not want to loose the charm. She wanted to be involved in the SHG not only for keeping herself engaged but also for doing something productive.
As said by one of the members of Jaganath Swayansahayak Gosti ‘the SHG revolution has brought about changes in the lives of women of the village. Now they can come out of the four walls of the house and earn a livelihood’. For her, mobility along with economic independence has increased after being involved in the SHG.

Another member involved in Narishakti Swayansahayak Mandala revealed that the growth of the SHGs has helped the village women to earn a livelihood and sustain themselves. It has also helped to generate some income for women in the village.

A member of Khetrapala Mahila Mandala of Budhipada village said also said that her involvement in the SHG has not only provided economic support but also increased her confidence level in all spheres of live.

Assessment about Overall Development of Personality after Involvement in the SHG

There was no doubt that changes took place in the lives of women after their involvement in the SHGs. They were no more confined within the houses and restricted to manage the household chores. The women of the village were able to move out of the houses, attend meetings and training programmes. They also acted as additional hands to generate income for the family. Their income helped to improve the condition of family in terms of purchase of food items and cloths; or investments on education or health care; or purchase of lands; or building of houses. In spite of all these, the practice of putting the veil over their heads was still prevalent in the villages. Also the major decision making power in the family rested with the men.
No doubt some changes have taken place in the lives of women after the SHG revolution but this can not be equated with that of empowerment. Involvement in the SHGs has helped in bringing about economic independence but still the social status of women remains subordinated. Women are still perceived as subordinated to men. These points are discussed in detail in the chapter on discussions and conclusions.