

RIGHT TO HEALTH AND WOMEN'S EMPOWERMENT-A CASE STUDY OF ADOLESCENT GIRLS IN THE CITY OF ULHASNAGAR.

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Abstract: The issue of health and the right to health is considered in all developing countries and developed countries as an issue of fundamental importance. As per the Universal Declaration of Human Rights (1948) everyone has the right to adequate health and well being. India has one of the largest populations of youth of which adolescent female youth constitute more than quarter of the population. In order that the country achieves the highest levels of production and human development, it is necessary that the health and nutrition issues of this huge percentage of adolescent girl population and tomorrow's adult women population is addressed. The research paper focuses on the Right to Health and women's/adolescent health as a tool of empowerment for socio-economic change.

Introduction: The issue of health is considered across the world as an issue of fundamental importance. The public authorities are as much responsible to protect and fulfill the right to health as the authorities in Medical profession. The protection and promotion of health care in the society is an important aspect in terms of nutrition level, clothing and shelter.

To quote Dr. Jonathan Mann, There is an inter linkage between health and human rights.

"Modern Human Rights precisely because they were initially developed entirely outside the health domain and seek to articulate societal pre-conditions for human well-being, seem a far more useful framework, vocabulary and form guidance for public health efforts to analyze & respond directly to the societal determinants of health than any inherited from the bio-medical or public traditions".

The Article 25 of the Universal Declaration of Human Rights 1948(UDHR) encapsulated the 'Right to Health' in the following words:

1. "Everyone has a right to a standard of living adequate for the health and wellbeing of himself and of his family including food ,clothing , housing & medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children whether born in or out of wedlock, shall enjoy the same social protection

With the evolution of International Human Rights norms relating to health the Governments or public authorities now have normative framework. The Constitution of India (Article 47) states that, "the state shall regard raising the level of nutrition & standard of living of its people & improvement in public health among its primary duties".

In India the various external and internal factors like patriarchic system of India, orthodox beliefs, class and caste stratification, rural and urban regional disparities effect the women's health and access to health care. In order that the country achieves highest levels of

productivity and human development it is necessary that this huge percentage of women's population and their health issues need to be addressed.

Objective of the Study

1. To understand about the Women's Rights Viz. Right to Health
2. To measure the level of awareness, comprehension and attitude of adolescent girls
3. Towards nutritional anaemia
4. To understand the role of nutrition as an important component of good health among
5. Adolescent females
6. To co-relate women's health in terms of nutrition level through case study of adolescent

Girls and thereby Women's Empowerment

Settings and Design: The research study is based on the sample representing 60 adolescent girls of the region of Ulhasnagar city, District Thane of Maharashtra State. The city of Ulhasnagar is in the suburbs of Mumbai comprising a population of 12 lakhs The region comprises of the Sindhi community as the major population. However there is heterogeneous group of adolescent girls have been taken for the study.

Methods and Material (Annexure*)

1. A structured questionnaire designed is used for the primary data collection.
2. Simple percentage method is used to interpret, analyze the primary data collected.
3. The research study includes the reference of secondary data comprising of books, journals, articles, web ology.
4. The sample size chosen is of total 60 adolescent girls of hetro-socio-cultural group

Limitations of the Study:

1. The study is confined to the adolescent girls in the age group of 18 to 20 years.
2. The sample size represented in the research study is limited to 60 adolescent girls.
3. The area of research study covered is only urban area/ region.
4. The study is limited to two parameters relating to awareness and nutrition among adolescent girls.
5. The micro findings of the study does not represent the macro scenario.

6. The sample chosen represents only the lower-middle
Hypothesis: To understand through the field study whether the female adolescence are empowered in terms of access to health care, as an indicator of human development and justifying the right to health as a human right.

Review Literature

The International Council for Research on Women (ICRW) findings show that the average BMI, among 11-18 year old girls is considerably lower in the developing than in developed countries. Nutritional status of adolescent measured in terms of weight-for height and expressed as BMI is a direct reflection of the cumulative effects of childhood health & nutrition. Adolescence being a time of rapid growth and change requires, increased supply of micro-nutrients (**Kurz & Welch 1994**). Stunting & underweight are highly prevalent in developing countries & the most common forms of malnutrition (**Jellife & Jellife 1980**).

Anemia came out to be the commonest nutritional problem in 4 studies (55 percent in India, 42 percent in Nepal, 32 percent in Cameroon, 48 percent in Guatemala.)

In a cross sectional study to assess the nutritional status of adolescent girls from Indian slum community; 70 percent had BMI less than 20 percent; 51.3 percent suffered from chronic energy deficiency and 10 percent were stunted.

Significant association of common parameter (viz; age, caste, type of family, income working & literacy status) in the nutritional status of study subjects was not observed.

However, lesser under nutrition in large families (greater than 6) indicated role of family support in prevention of under nutrition (**Singh & Mishra 2001**)

Raman (1992) used various parameters for assessing the nutritional status of the girls especially in terms of the extent of deficiency in different income groups. **Malhotra and Passi (2004)** has reported a high prevalence of malnutrition in rural adolescent girls from Delhi and Rajasthan, wherein thinners is 35.9 percent and stunting 30.4 percent and high rate of anemia in Indian adolescent girls from rural areas of Delhi & Rajasthan i.e. 93.2 percent.

IDA is reported to range from 38.72 percent (**Choudhary & Vir 1994**), majority of them being women and children. In girls IDA is more prevalent in the age of years (Rao et. Al 1980) which could be due to menstruation, gender discrimination & intra-household food alleviation & early marriage leading to early pregnancy.

Adolescent girl's form 22 percent of the population & about 22.50 is anemic by the time they reach menarche (**Agarwal et al 1987**)

Women's Health and Nutrition.

Role and Importance of Women's Health in development in India: The 'right to health' without any discrimination is for all. The right to health for

income group.

women especially is of vital significance for the wellbeing and development of a country. It is an important factor in gauging the empowerment of women in a country. There are diverse factors like social, economic, cultural, emotional, etc which determines the women's health and the right to health. In India the cultural traits found almost in all regions of the urban and rural life depict, that the women are subjected to malnourishment, leading to a intergenerational cycle of pregnancy and child-bearing. One of the most important parameter of good health is provision of adequate nutrition.

The National Policy for Empowerment of Women (2001) highlighted that the Constitution not only grants equality to women, but also empowers the state to adopt measures of positive discrimination in favour of women. The policy perspective emphasizes that in view of the malnourishment and disease that women face in the growth stages viz; infancy/childhood, adolescence and reproductive phase, there would be focus laid on the nutritional needs of women at all stages of life - cycle.

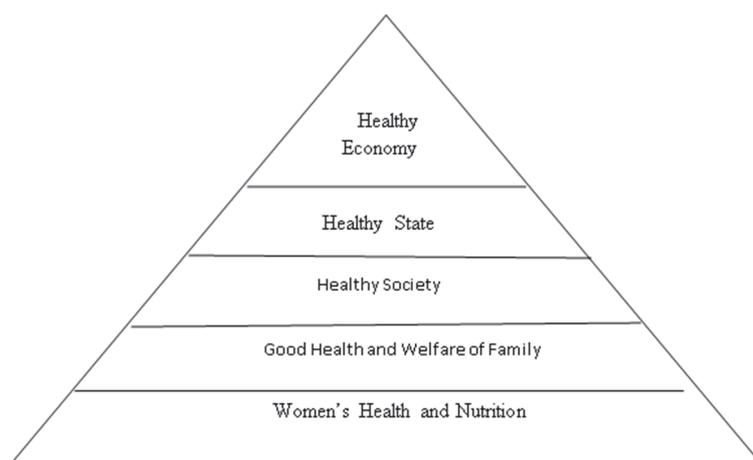
The women in India are found with a multitude of health problems, which affects the efficiency and productivity levels in the economy. With the gender and class disparities, pressure of procreation, low self-esteem etc, makes them physically and psychologically vulnerable to ill health.

Adolescent Girls and Nutrition Status: India has one of the largest youth populations of about 190 million adolescents; of this the female adolescent comprises 25 percent of India's large population. In India like the other developing countries of the world continue to be ridden with gender inequality and intergenerational transmission of poverty. The girl child is undernourished and anemic adolescent girl in India is quite often deprived of adequate health care and nutrition, education, early marriage, early child bearing. The adolescent girl faces a vicious circle of under nutrition and morbidity.

Adolescents are classified into three categories:

- A. Early adolescent-in the age of 10-13 years.
- B. Middle adolescent-in the age of 14-16 years.
- C. Late adolescent in the age of 17-19 years.

The adolescent girls constitute a large and crucial sections of population .This section of population of girls are the adults as mothers of tomorrow. With the provision of good nutrition the adolescent girls will tend to grow into adult women with lesser health problems during pregnancy and child bearing. Since time immemorial the importance of nutrition for the physical and mental development and productivity span of working years etc. of adolescents has influenced the socio-economic development of the society. The women's wellbeing is of utmost importance for the nation's growth and development as depicted in the fig 1. (Pyramid showing women's health leading to healthy economy).



Case study

Introduction: The level of nutrition in India continues to remain at unacceptable low level in the first two years of life, in adolescent girls and in women across the life cycle. Women constitute about 55.3 percent of the total population, and 79 percent of all young adolescent girls are anemic. Malnutrition is considered as one of the most important barriers affecting women's efficiency and productivity.

According to Christaki's(1773) nutrient status is condition of health of an individual. The nutritional status of a country reflects the standard of living of the people. The nutrition plays an important role for the growth and maintenance of the body.

The purpose of the research study is to understand the health aspects/attitude towards health and nutrition among adolescent girls, by investigating with primary data. An attempt has been made to identify some important determinants (health & nutrition) of women's right to health for empowerment. The researchers also wanted to acknowledge the importance of gender equality and women's empowerment as a powerful tool of change.

Women's Rights & Right to Health: As per the findings of the study it is found that the adolescent girls have shown their awareness about the concept of human rights, women's right and right to health as 'Yes' ranging between 90 percent to 100 percent as per the data. It reflect that there is good awareness about the concept.

Women's Empowerment: The research findings with regard to women's empowerment reveal that as regards the concept of women's empowerment and its effect on health was said to be 'Yes' in the range of 66.6 percent to 80 percent. In context to the importance to women's health & the consultation for the treatment range between 56.6 percent and 71.6 percent to 78.3 percent. It reflects that though the adolescent girls are aware about

the concept of women's empowerment but the data reveals that when it comes to the importance given to women's health more than 55 percent express their view that women's health is neglected and survey also indirectly reveal that thing may be due to gender disparity leading to neglect of women's health.

Adolescent Health & Nutrition: The research findings as the data shows that almost 37 percent of the adolescent girls do have regular hemoglobin checks undertaken around 63 percent follow regular checkup and measures for improving the nutritional level either through diet or supplements and also agree that adequate nutrients are essential for preventing infectious and disorders for the healthy growth of the body in the range of 88.3 percent to 95 percent. This again reflects that as far as the awareness about the role of nutrition for good health is concerned the adolescent girls are aware and agree that nutrition play an important role for the overall development of the body. However though they are aware about health and nutrition but the cause of worry is the neglect of women's health in reality.

Effects and Suggestions: The research data reveal that 55 percent of the adolescent girls believe that if health issue is not looked after properly will effect education, upkeep and care of family, productivity, social impact on society etc. and 25 percent or more are of the opinion that women's health issue may be addressed through the various associations and forums, educational institutions, women's Development cell, Women's Study centre, curriculum, media NGO's etc.. However 42 to 45 percent reveal that women's health as a part of right to health is implemented unsuccessfully.

Conclusion: The research study and the findings focus on concluding the fact that women's empowerment and women's health are core indicators for the households welfare and the welfare of the society as adolescents of today are the women of tomorrow who stand

responsible for changing the quality of human capital particular and economy in general.
for the promotion and development of household in

Statistical Analysis.-of Primary Data.

DATA ON RIGHT to HEALTH AND WOMEN'S EMPOWERMENT IN PERCENTAGE: STATISTICAL DATA CHART 1.									
QUESTION	A	B	C	D	E	F	MULTIPLE	BLANK	TOTAL
1	100	0.00							100
2	96.67	3.33							100
3	1.67	6.67	30.00	53.33			8.33		100
4	91.67	8.33							100
5	41.66	1.67	16.66	1.67	5.00		16.67	16.67	100
6	91.67	6.67						1.66	100
7	80.00	20.00							100
8	66.67	25.00						8.33	100
9	83.33	15.00						1.67	100
10	43.33	56.67							100
11	65.00	1.67	0.00	6.67	13.33		13.33		100
12	16.67	10.00	71.67	0.00			1.66		100
13	78.33	21.67							100
14	63.33	36.67							100
15	18.33	28.33	26.67					26.67	100
16	73.33	18.33						8.34	100
17	45.00	26.67						28.33	100
18	61.67	16.67						21.66	100
19	95.00	5.00							100
20	88.33	11.67							100
21	98.33	1.67							100
22	13.33	3.33	3.33	16.67	55.00		6.67	1.67	100
23	58.33	40.00						1.67	100
24	3.33	10.00	13.33	10.00	5.00	25.00	20.00	13.34	100
	1474.98	375.02	161.66	88.34	78.33	25.00	66.66	130.01	2400

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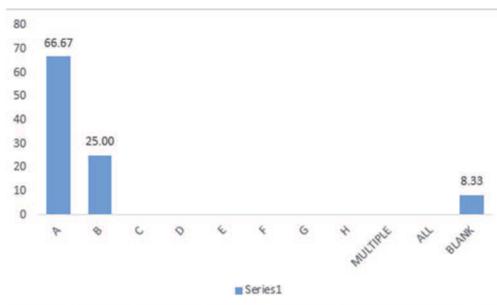
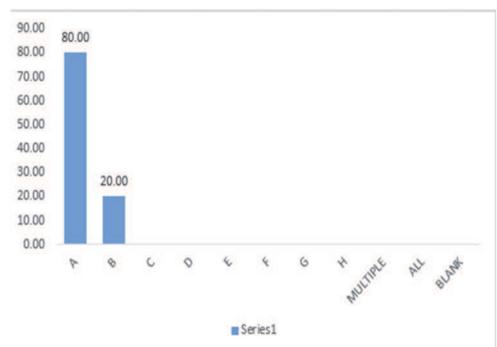
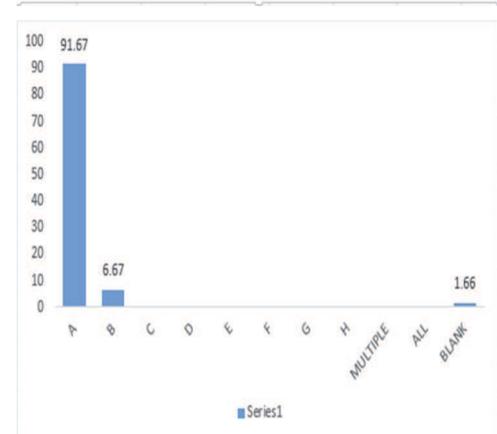
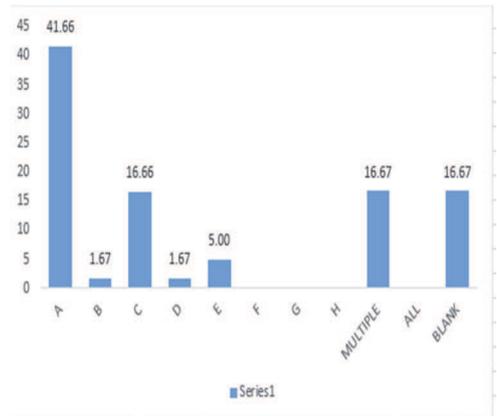
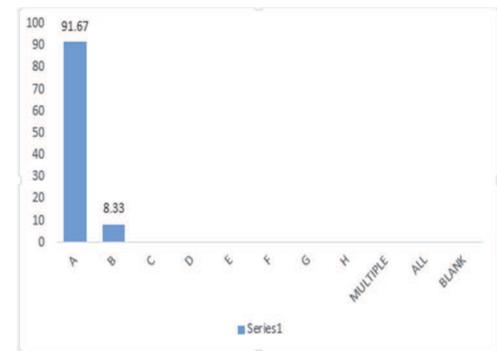
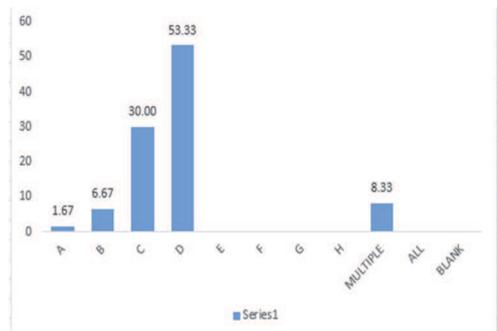
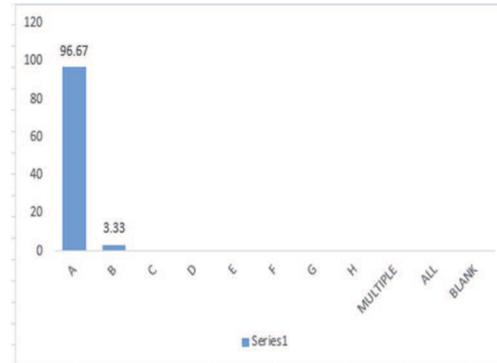
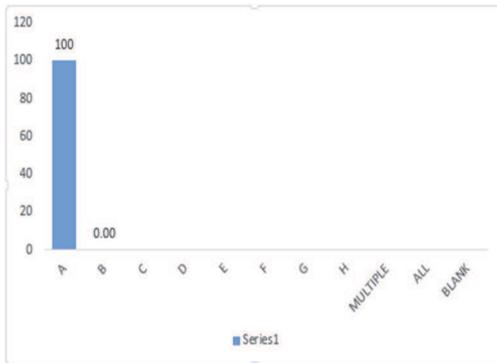
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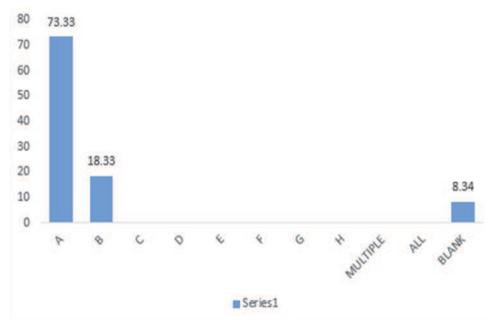
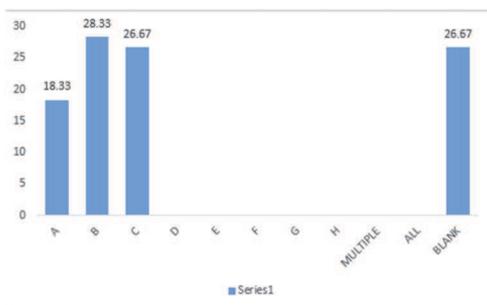
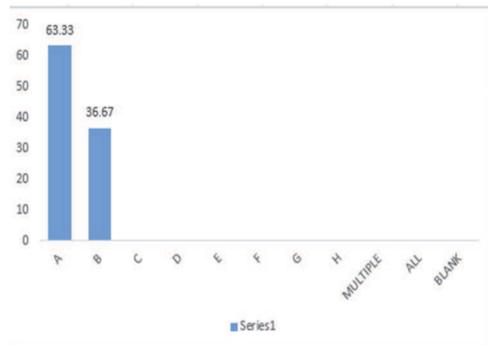
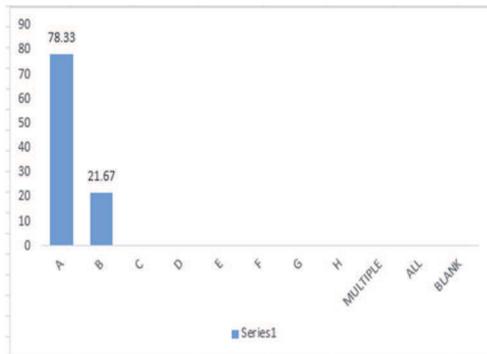
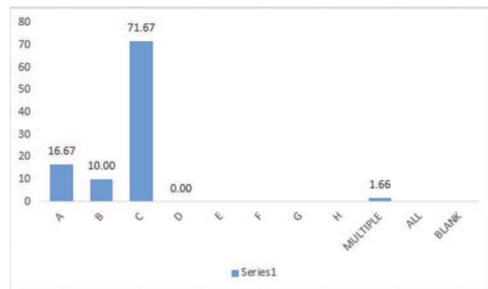
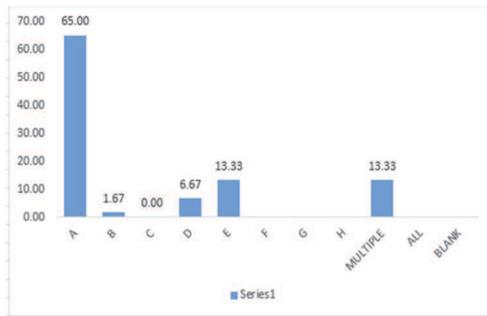
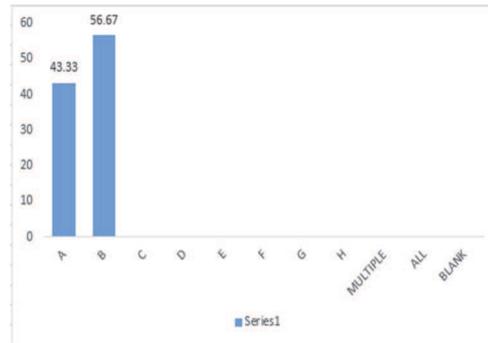
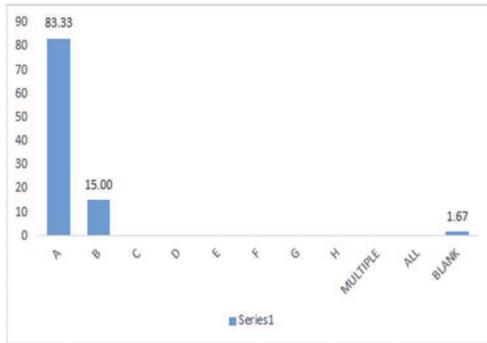
ANNEXURE I * QUESTIONNAIRE* Tick the correct alternative.

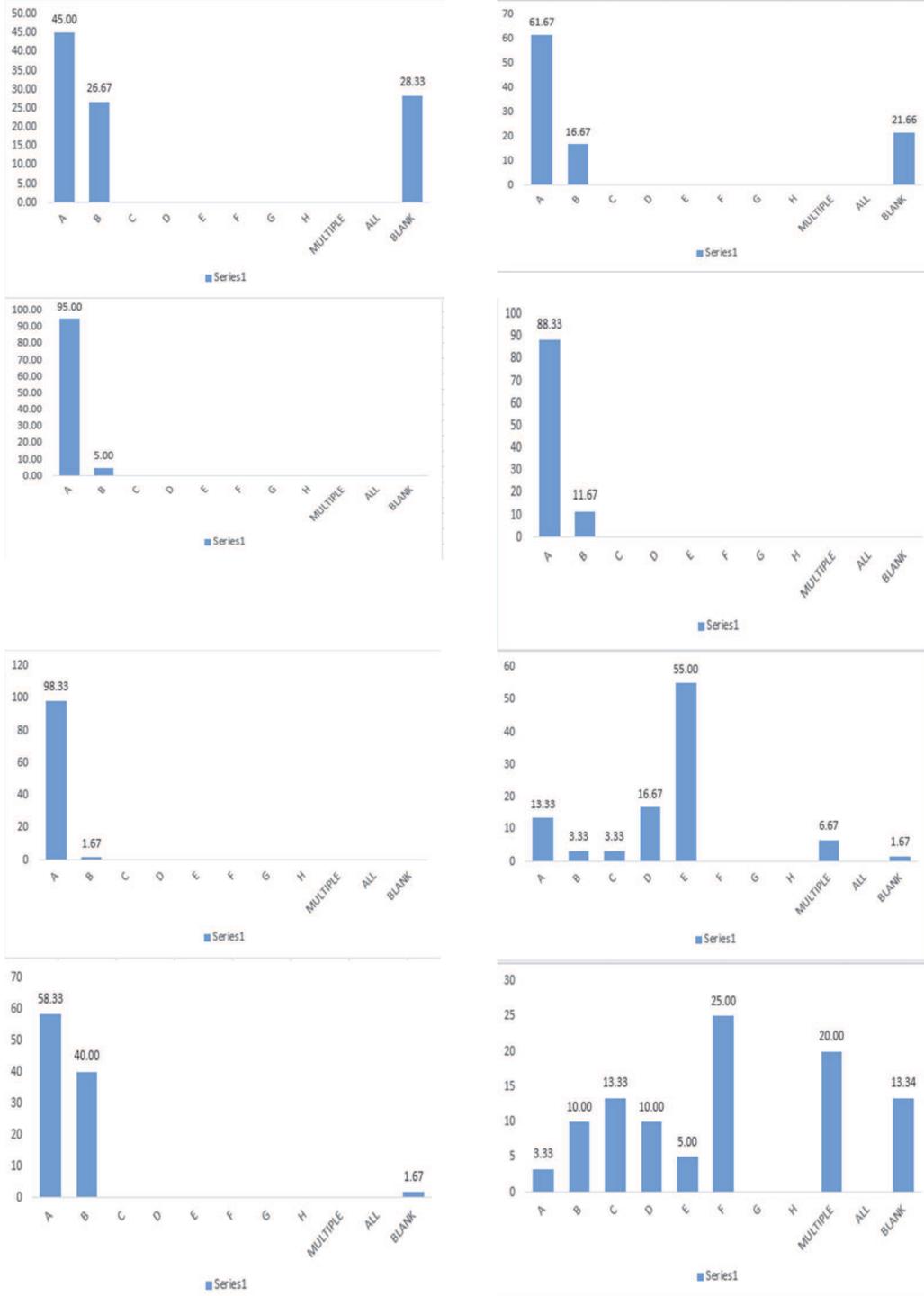
1.	Do you understand about the concept of human rights?
	Yes B) No
2.	Are you aware about Women's Rights?
	Yes B) No
3.	If Yes, what rights?
	A) Civil Rights B) Right to health C) Right to education D) All the above.
4.	Are you aware about the right to health?
	A)Yes B) No.
5.	Are you aware about right to women's health in context to:
	A)Fertility and pregnancy B)Infancy C) Childhood D)Adolescence E)Adulthood
6.	Do you agree the health of women suffer significantly?
	Yes B) No
7.	Are you aware about the concept of Women's Empowerment?
	Yes B) No
8.	Do you agree the effect of women's empowerment on health exist?
	Yes B) No
9.	Do you agree that there is a common problem that women face in availing health care which is equal between men and women?
	Yes B) No
10.	Is importance given to women's health?
	Yes B)No
11.	With whom do you discuss the health issues at home?
	Mother B) Father C)Brothers D) Sisters E)All
12.	When you are ill, what kind of treatment for you is preferred by your family?
	A)Home remedy) Letting it cure on its own C) Consulting a physician D)None
13.	If you have to consult a physician do you go to the Physician immediately?
	Yes B) No
14.	Have you undergone hemoglobin check?
	A)Yes B) No
15.	If yes, how often:
	A)Six monthly B)Yearly C) Once in two years
16.	Is your hemoglobin level normal/
	A)Yes B) No
17.	If NO have you taken measures to improve hemoglobin level
	Yes B) No
18.	If YES what measures have you taken:
	Nutritional diet B) Supplements (Tablets, Vitamins, pills etc.)
19.	Do you feel that nutrients are essential for the healthy growth of the body?
	Yes B)No
20.	Do you agree that inadequate nutrition leads to infections and other disorders?
	A)Yes B)No
21.	Do you agree that good health of women leads to good and healthy family and thereby a good society?
	A)Yes B) No
22.	In your perception, if female health issues are not looked after properly, what would be its future impact?
	Upkeep of care of family) Education of family C)Impact on productivity of economy D)Social impact on society E)All the above
23.	Do you feel the issue of women's health being an integral part of right to health is successfully implemented?
	Yes B) No
24.	If NO, what as per you are the sources from the following one are best for awareness and addressing the women's health issues?
	A)Curriculum B)Associations/forums for Women's development C)Educational Institutions D)Media E)Social Organizations)All the above

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ANNEXTURE 2







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