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Dr. Pratibha Madan

Associate Professor,
Department of Economics,
Kirorimal College, Delhi
University, Delhi, India

Dr. Kinneri Jain

Associate Professor,
Department of Commerce, Shri
Ram College of Commerce,
Delhi University, Delhi, India

Corresponding Author:

Dr. Pratibha Madan

Associate Professor,
Department of Economics,
Kirorimal College, Delhi
University, Delhi, India

Health and its relationship with women empowerment: Evidences from National Family Health Surveys

Dr. Pratibha Madan and Dr. Kinneri Jain

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Abstract

Contribution of women to a country's growth and development has always been centric to economic studies. In India the socio-economic status of women is gradually improving. However, the participation of women in workforce is much lower than that of many developed and developing Asian countries. The issue has always been centric to the studies of women socio-economic status and women empowerment. This paper aims to study the trends in women empowerment and its relationship with her health. Health is a key driver of an individual's productivity. Better health enhances productivity, longevity, happiness and feeling of fulfillment. Empowerment as measured by financial inclusion and autonomy, improved access to education, health care system, increased household status certainly adds up to more empowerment and enhanced health status of women and her children thereby contributing to current and future growth and development of the Nation.

Keywords: Women empowerment, health, development, relationship, gradually improving

1. Introductions

Women population accounts for 48.5% of total population of India in 2022 as per the World Bank official compilation of development indicators and population. This indicates that Indian women hold an important position in the growth and development story of the country. India is in the stage of demographic dividend and shall continue to remain in this same phase of demographic advantage for next three decades, but the deposits in terms of high share of working age population is of 68%, according to Economic Survey 2018-19 can only be translated to a full potential economic dividend unless women contribution is given due importance and women participation in economic activities are encouraged through policies by the Government and empowering them socially, politically and economically.

One of the important factors that directly affect the productivity of an individual is health. NFHS data shows improvement in health indicators for women. Women health is related to many other factors that empowers a women socially and economically and thus related to her health. Women health not just improves her own productivity and wellbeing but has a direct impact of child's health as well. The NFHS-5 data shows significant improvement in malnutrition among children as measured by different indicators such as underweight, wasting and stunting. Women health is an important determinant of women productivity and empowerment is a key to good health.

This paper thus aims to assess the impact of women empowerment on her health status and health outcomes of her Children through studying the dataset from NFHS 4 and NFHS-5. Women empowerment is a key to present as well as future productivity of a nation through its direct impact on health of women directly and her child that is also impacted by his /her mother's status in the household and her own health and productivity. Improving child's health contributes to building nation in the future. Thus it is very important to analyze the trends in the indicators of women empowerment that underlines her and her children health and has a direct impact on present and future productivity of the nation.

The paper studies National family Health survey (NFHS-4 and 5) to provide insights on that is women empowerment translating into good health outcomes. We begin with understanding the concept of women empowerment and identifying the factors that determines it.

The paper focuses on financial inclusion of women, her participation in household decision making, access to health facilities, access to programs and policies of the government that can help in empowering them and improving their health outcomes. Finally, the changing health scenario and its relationship with women empowerment to gain insights on improving the demographic dividend contribution of females through greater empowerment and better health. Through this analysis we will also be able to establish the relationship between some important empowerment factors such as women access to greater financial inclusion and improved social and economic status of women with improving health outcomes and productivity.

2. Aim of the study

The aim of the study

1. Identify the socio economic and political factors that define women empowerment.
2. Analyzing women empowerment and health indicators.
3. Study the relationship between women empowerment and health indicators/status.

3. Data Source

This paper is based secondary data study of National Family Health Surveys for the years 2005-06, 2015-16 and 2019-21 i.e. NFHS3, NFHS4 and NFHS 5. The NFHS survey provides health related data for men women and children. It also provides data on family planning services, utilization of health services, anganwadis and empowerment factors such as access to bank accounts, assets holding, type of cooking fuel used along with data on child mortality and maternal and reproductive health.

4. Literature Review

Ross Kara L, *et al.* (2015) ^[3] in a study of Northern Ghana studied the role of women empowerment owing to their significant contribution to agriculture productivity. They studied the impact of empowering women in agriculture on their health status. They found a significant relationship between women health status and socio economic variables like income, urban residence, assets ownership, credit access, production autonomy, membership of a group and leisure time.

Singh, Shri Kant, *et al.* (2017) ^[7] found a significant variation in women empowerment across Indian states. These inequalities across States were found to be significantly associated with women and child health across States. They emphasized upon structural interventions to ensure women empowerment in order to improve the health status of women and children.

Duflo, Esther, (2012) ^[2] found that women development and empowerment are significantly linked. Development narrows down the inequality between men and women. On the other side women empowerment enhances development. However, the interrelationship is not self-sustaining and deliberate policy targeting is required to reduce the inequality between men and women.

Mehra, Rekha, (1997) ^[5] emphasized that major investment for women are reproductive investments rather than productive investments. Women engaged in economic activities usually earned low incomes across developing world. Income generating projects for women usually have small investments and targeted welfare rather than development. In India some NGOs have acknowledged the

role of women central to development and have successfully worked towards improving women status.

Varkhey, Pratihbha, *et al.* (2010) in their study of seventy five countries included in Human Development Report, 2006 studied the gender empowerment measure (GEM) and its association with seven health indicators such as birth weight, fertility rate etc. They found that empowerment indicators are significantly associated with all different health indicators.

Mainuddin, AKM, *et al.* (2015) ^[4] in a cross sectional study among two hundred Bangladeshi married women found that women empowerment increases their decision making authority regarding different household matters including their decision with respect to their health and it is essential to acknowledge this relation in forming integrated health strategy for the country

Asthana, Sheena, (1996) ^[1] emphasized on the view that women health is highly associated with women empowerment and improvement in health status cannot be achieved unless the inequality between men and women is reduced and the issue of women empowerment is addressed. It emphasized that real targeting of the issue of women empowerment can be done solely at the grassroots level. In a case study of women organization from Visakhapatnam the study found many factors at work at local, regional and national level that affects women empowerment factors and suggests that empowerment factors and strategies needed to enhance empowerment are place specific.

The existing literature clearly highlights the role of women empowerment in development of a nation. We thus seek to identify the factors and study the relationship between these women empowerment factors and health indicators for India and how this relationship has evolved over the years by studying different rounds of National family Health Surveys.

5. Determinants of women empowerment

The factors influencing women empowerment can be classified as economic factors and social factors. These factors play a crucial role in empowering women and in her growth and development that further adds to the development of the nation. These socio economic factors can be measured through analyzing the education level, employment status, household decision making power, access to healthcare, and financial independence that directly impacts women's empowerment.

The employment status determines the economic independence of a woman. Her wages and income further strengthens her decision making power. However there exist significant wage variation between men and women which has been highlighted in existing literature. Access to education and quality of education are also highly correlated to women empowerment. Access to education leads to greater and better job opportunities and enhances her decision making power at household level and related to health decisions, Child health and upbringing and generates greater autonomy. Financial independence such as holding a bank account or a credit card and small loans by self-help group enables them to spend willfully and manage the finances. It also encourages small scale entrepreneurship and boosts their confidence certainly helps empowering women in economically. Other socio political factors like patriarchal structure, societal expectations, reproductive and nutritional health, Government policies and political

representation significant determinants of women empowerment and improvement seen through them over time signifies reducing inequality between men and women. Keeping these socio-economic factors as our base we analyze the following data from NFHS surveys to find out

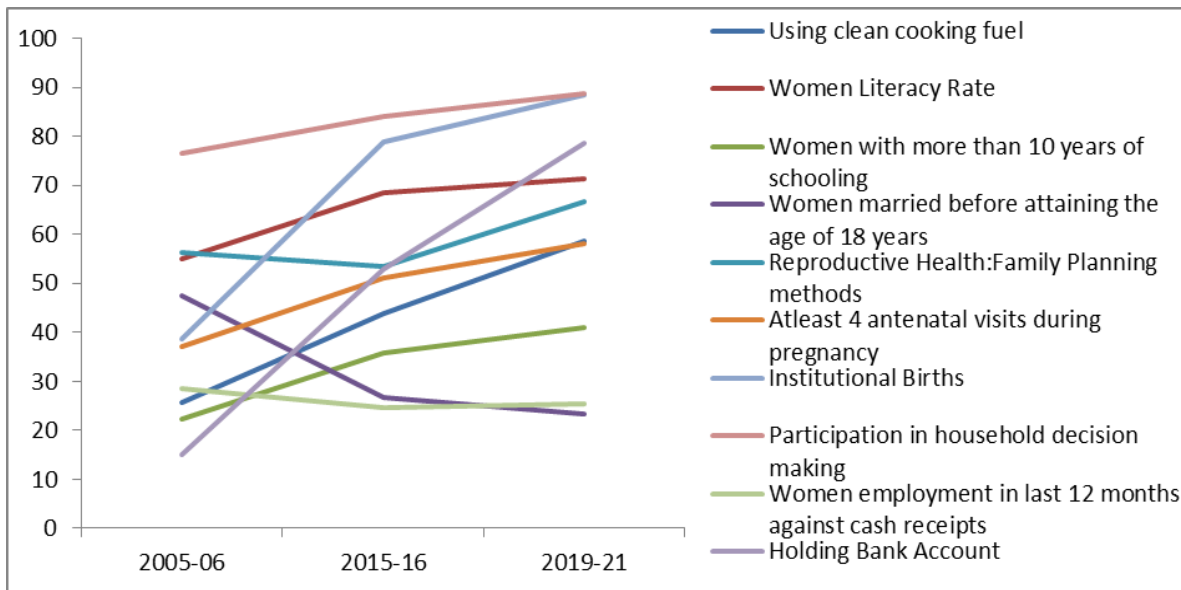
how these factors have changes over time and are women really empowering in India over time and finally how it relates or impact their health status.

Consider the table below

Table 1: Socio economic factors of women empowerment

Socio-economic factors of women empowerment	NFHS3 (2005-06)	NFHS 4 (2015-16)	NFHS 5 (2019-21)
Sex Ratio (Females per thousand males)	1000	991	1020
Using clean cooking fuel	25.8	43.8	58.6
Women Literacy Rate	55.1	68.4	71.5
Women with more than 10 years of schooling	22.3	35.7	41.0
Women married before attaining the age of 18 years	47.4	26.8	23.3
Reproductive Health: Family Planning methods	56.3	53.5	66.7
At least 4 antenatal visits during pregnancy	37.0	51.2	58.1
Protection under Janani Suraksha Yojna	NA	24.3	NA
Institutional Births	38.7	78.9	88.6
Participation in household decision making	76.5	84	88.7
Women employment in last 12 months against cash receipts	28.6	24.6	25.4
Spousal Violence	37.2	31.1	NA
Women owing House/Land	NA	38.4	43.3
Holding Bank Account	15.1	53.0	78.6
Owing a mobile phone	NA	45.9	54.0

Source: NFHS-3, 4 and 5 (All values in percentage)



Trends based on Table 1, Author’s Compilation

Fig 1: Trends in women empowerment factors

Determinants of Women Empowerment have shown a positive trend and shown a notable improvement over the period from 2005 to 2021. The Economic empowerment is reflected in increasing number of bank accounts from 15.1% in 2005-06 to 45.9 in 2015-16 and 54% in 2019-21. Also, the percentage of women with ownership of house and land also increased from 38.4% to 43.3 percent between 2005-06 to 2019-2021. Another indicator of owing a mobile phone has also shown a jump of 8.1% increasing from 45.9% in 2015-16 to 54% in 2019-21. All these factors shows that autonomy with respect ownership of assets like a house, land and mobile phone has increased. Holding of bank accounts are the results of schemes like Dhan Jan Yojna and would help linking the masses with digital financial platforms and ability to manage finances. Sex ratio has also significantly gone up from 991 in 2015-16 to 1020 in 2019-21 represents increasing share of women in the Indian

demography and thus greater emphasis on their role to contribute towards Nation’s Demographic Dividend. One of the important determinants of empowerment is literacy rate. Women literacy rate have also shown an upward trend but there is still more to achieve. Women literacy rate has increased from 28.8% in 2005-06 to 43.8% in 2015-26 and further increased by 15% to 58.3% in 2019-21. However women with more than 10 years of schooling has only increased from 22.3% to 41% a jump of 19% in last 20 years. Quality education and proper skills impartment is necessary for creating productive Labor force and human capital, only then the Nation can achieve the maximum benefit of favorable demographic structure. Reproductive Health and care have also improved as reflected in upward trends in factors like beneficiaries of Janani Suraksha Yojna, Number of antenatal visits, use of family planning methods and institutional births.

6. Health indicators

Table 2 shows the basic measures of nutrition and health of an adult and Child. The measures taken reflects the overall nutritional health of an individual as reflected by BMI of an adult and the measures like underweight i.e. low weight for

adage and stunted i.e. low height for age for Children. We study the trends in these measures which probe into understanding the changes in health trend of women and Child in last 20 years.

Table 2: Health related indicators

Health indicators	NFHS 3 (2005-06)	NFHS 4 (2015-16)	NFHS 5 (2019-21)
BMI (Below18.5 kg/m2) Under nutrition	35.5	22.9	18.7
BMI (Above 25.0 kg/m2) Overweight/Obesity	12.6	20.6	24.0
Anemia among non-pregnant women (15-49 years)	55.2	53.2	57.2
Anemia among pregnant women (15-49 years)	57.9	50.4	52.2
Child Underweight (Under 5 years age)	42.5	35.8	32.1
Child Stunted (Under 5 years age)	48.0	38.4	35.5

Source: NFHS-3, 4 and 5 (All values in percentage)

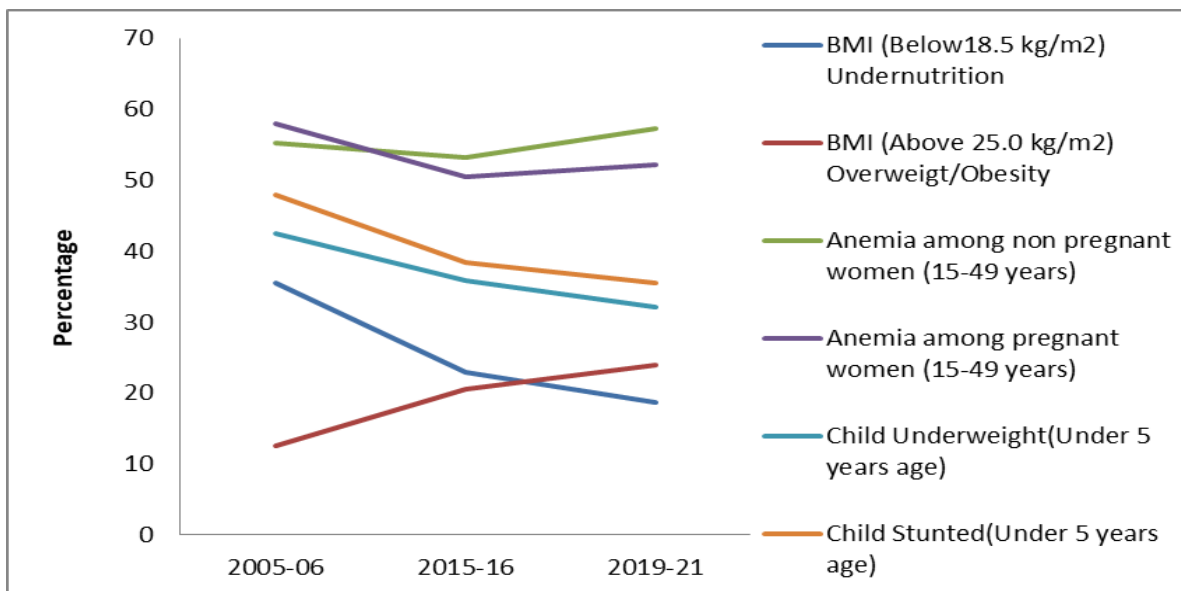


Table 2, Author’s Compilation

Fig 2: Trends in health related indicators

Figure 2 suggests improving health trend between 2005-06 to 2019-22. The percentage of under nourishment among women has shown a remarkable fall between 2005-06 to 2015-16 from 35.5% to 22.9% if furthered declined to 18.7% in 2019-21. However a rising trends is seen in percentage of in over nutrition/obesity among women from 12% to 20.65 and further to 324% in 2019-21. There are more obese women than undernourished women in India now, which seems to be another major health concern. Another measure where there lies a lot of scope for improvement is prevalence of Anemia among women though falling but continued to remain above 50% in this whole period and needs specific policy and program intervention. Researchers have termed the present scenario as an axe of triple burden of Malnutrition. Among Children similar falling trends are seen for underweight and stunted. Percentage of underweight children have declined from 42.5% in 2005-06 to 35.8% in 2015-16 and further to 32.1% in 2019-22. The rate of fall is lower but the trends show falling under nutrition and improve health outcomes.

7. Women empowerment and its relationship with health status

Our study found that women empowerment is positively associated with health status of women and children in

India. The factors of women empowerment has shown improvement overtime between 2005-06 to 2019-21 as evident from the data of National Family Health surveys. 3, 4 and 5. The similar improvement is seen in the health indicators like underweight women children, Stunted children. Other measure like percentage of overweight women has shown a rise but is less a reflection of its relationship with empowerment and more a lifestyle issue. Also, anemia among though have shown a fall over years still remains a matter of concern and requires specific policy interventions.

8. Conclusion

Women empowerment is central in capitalizing India’s demographic dividend. Empowered women can significantly contribute to economic growth and development through her participation in different social and economic fields. Greater financial inclusion and autonomy along with increased education and health status would help leverage the best out of them, those constitutes approximately half of the country’s population, It also adds to the better health and growth of their children as mothers and thus along with directly adding to current productivity prepares the next generation for the future. The trends shows positive association between women empowerment

and health status of women and Children and therefore it is imperative to encourage and introduce policy and programs targeting health and other measure that encourages women's education and increased financial independence to leverage their contribution towards growth and development of the country. Better health and empowered women significantly adds to the productivity and thus will result in efficient contribution to the economy.

9. References

1. Asthana S. Women's health and women's empowerment: A locality perspective. *Health Place*. 1996;2(1):1-68. DOI: 10.1016/1353-8292(95)00023-2.
2. Duflo E. Women empowerment and economic development. *J Econ Lit*. 2012;50(4):1051-79. DOI: 10.1257/jel.50.4.1051.
3. Ross KL, Zereyesus YA, Shanoyan A, Boadu AV. The health effects of women empowerment: Recent evidence from Northern Ghana. *Int. Food Agribusiness Manag Rev*. 2015;18(1):127-144.
4. Mainuddin AKM, Begum HA, Rawal LB, Islam A, Islam SMS. Women empowerment and its relation with health seeking behavior in Bangladesh. *J Fam Reprod Health*. 2015;9(2):65-73.
5. Mehra R. Women, empowerment and economic development. *Ann Am Acad Polit Soc Sci*. 1997;554(1):8-20. DOI: 10.1177/0002716297554001009.
6. National Family Health Surveys Factsheets. 2005-06, 2015-16, and 2019-22.
7. Singh SK, Srivastava S, Gudakesh, Vaidehi Y, Gupta J. Whether recent upswing in women's empowerment has a potential to address malnutrition among women and children? Evidence from fourth round of Indian Demographic Health Survey. *Int. J Womens Health Care*. 2017;2(2):2-16.
8. Varkey P, Kureshi S, Lesnick T. Empowerment of women and its association with the health of the community. *J Women's Health*. 2010;19(1):71-76. DOI: 10.1089/jwh.2009.1444.