

Women their health needs productive and reproductive roles and Labour Women

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ABSTRACT: Has been the social structure comprised in the path of health and physical strength. A power of human body and the Health is the basic need of a human being and therefore denying women their health needs has affected seriously their productive and reproductive roles. It has also to be noted that the health and the well-being of the members of the family is far more dependent on the productive capacities of the woman than that of any other member of the family. The health of a population is dependent on the social, economic, cultural, political and environmental factors prevailing in the country. Health as an outcome is contingent on factors that operate at three levels. The political, the social and the household. Patriarchal values and cultural perspective intersects at all levels, which have implication for women. Reproductive health is a crucial feature of healthy human development and of general health. It may be a reflection of a healthy childhood, is crucial during adolescence, and sets the stage for health in adulthood and beyond the reproductive years for both men and women.

I. INTRODUCTION

Women all over the world have to face this problem of adjustment among their varied role expectations. They are required by their position to play a dual set of roles-one as home-makers, wives and mothers and the other as employees. Being simultaneously confronted with dual demands of home and work, they are liable to face adjustment problems. At home, in addition to biological functions, there are other duties which they are expected to perform because of the prevailing cultural norms and values. These new circumstances and responsibilities require a definition and reallocation of roles, duties and responsibilities, not merely for them but also for every member of the family. Unless and until it is achieved there is no chance of solving the problems of working women. Unorganised sector workers are those who do not have any job security, income

security or social security and are therefore extremely vulnerable to exogenous shocks. The problem of women workers in general and in the unorganised sector in particular deserve special emphasis and focus in view of their marginalised position within the class of workers. Even when women are not employed in the sense of contributing to the national output, a considerable share of their time is consumed by socially productive and reproductive labour. This is what is called as the double burden of work that distinguishes women from men. Women's jobs, both in the organized and the unorganised sector are unskilled or semiskilled jobs at the very bottom of the work hierarchy. In the unorganised sector particularly, women are preferred because they are cheap, they do the jobs that men refuse to do, and they are more docile and they could be exploited with impunity (Sinha and Ranade, 1978).

Review of the Study

Women workers in India, as is the case all over the world, are seen as a cheap source of labour. Women are paid less, even when they do an equal amount or sometimes even more work than men. Women are seen as an expandable fraction of the labour market, the last ones to be hired and the first ones to be fired in terms of retrenchment. For a large part the work done by unpaid women workers in agricultural families is not recognized as work and women are seen merely as housewives. Women in many developing countries have tended to be economically „invisible“ (Boserup, 1970). One of the main obstacles to the advancement of women workers appeared to be traditional attitudes which have established stereotyped images of women resulting in their inferior status in society. These socio-cultural values are held by both men and women although they are manifest in different prejudices. For women, it is a case of considering themselves second class citizens having lesser potential, ability and intelligence than men. For men, it is a case of considering themselves superior to women who are

thought of as the „weaker sex“. Greater strength is, thus, erroneously equated to greater wisdom. Such attitudes contribute to the stereotyped division of work: women’s work being regarded as belonging in the home and within a family and men’s as being outside the home.

A practical effect of these traditional attitudes is the double workload which women bear when they take up employment outside the home. Because women are considered to be responsible for domestic duties, the uneven distribution of tasks in the home between men and women is cited as an obstacle to the amount of time and energy women can devote to activities outside the home and hence, is an obstacle to their equal participation in all aspects of national life. Studies have shown that on the whole, women work longer hours than men. Employed women spend, on an average, less time on paid work than men. They were often part time workers and tried to avoid overtime because of duties at home. But the average working time of employed women always surpassed that of employed men. This was because increase in time spent in paid employment for women did not imply a proportional decline in the amount of time spent on unpaid household work, but rather a decline in the amount of women’s leisure time. In all cases studied, the amount of leisure time of employed women was less than that of employed men (Asian Employment Programme, 1981).

Sareen (1997) found salient health problems that confront working women .These are stress arising out of multiple roles, job characteristics, sexual harassment, reproductive hazards, pregnancy outcomes such as abortion, mental disturbances and infertility, and effects of chemicals, such as exposure to pesticides and causing spontaneous abortions. Feminist theory repeatedly postulates the issue of men’s control over fertility stating that the social relations which govern human reproductive behaviour serve to reflect, instil or reinforce the subordination of women .In real life situations the closely spaced births of women in developing countries is said to be an indicator of male control . It is widely noted that although women’s groups and family planning agencies stress the need for women to have control over their bodies and the reproductive process, theories of demography and empirical research on fertility differentials, with some exceptions have largely ignored these issues. (Arna Seal, 2000).

Sharma and Niranjna (2001) argue that since women are central in the process of reproduction and they live under specific social and cultural conditions underlying the social structure,

their social status and behaviour is conditioned by the value structure of a society. The status of a women herself, especially in a patriarchal society, is dependent on the man, family and the social structure. In the modern human society , social status of an individual depends on a multiplicity of factors. Women as a distinct social category, is not merely a biological or sexual being but also a gender category. As a gender category, it is concerned with the social, psychological and cultural differences in the socialisation and personality make up between a male and a female. In terms of her sexuality, a woman represents the anatomical differences between a male and a female. The differences are created in the society by the people themselves and are the product of social and cultural factors. It, therefore, implies that the status of women, besides their economic and prestige attributes, also depends upon the social and cultural milieu in which they are placed. It, therefore, implies that in defining the status of women as high and low the cultural values associated with the female in a given social structure are of considerable importance.

Its examined that fertility is the social character of human life and of human reproduction that differentiates human society from those of animals. It is a very important demographic process, which is largely responsible for the replacement of population for the continuity of the society. Fertility refers to biological procreation, i.e. the birth of the child as a result of man impregnating a woman and the latter delivering an infant after the gestation period. Fertility behaviour refers to the processes of bearing and rearing children in the context of the household and the wider society. It covers the processes including institutional mechanism, leading directly or indirectly to childbirth and other demographic outcomes, like child survival and mortality. Fertility behaviour is very effective aspect which directly influence the reproductive health of the person. Reproductive health is not only due to unhealthy or unhygienic behaviour of women only, but it is also because of unhealthy behaviour of their sexual partners. The purpose of this study is to assess women’s reproductive health and rights in the present era when sex selective abortions are also taking place in the society.

II. CONCLUSION

In this Status and Fertility of Women in Rural India asserted that the impact of women’s status on family planning shows that as the exposure of females towards activities i.e. their role

in society or their exposure of interaction with the events occurring outside house/ village/country increases, the percentage of family using contraception or who want to use any type of contraception also increases. However, this study has surprisingly indicated an inverse relationship between autonomy in decision-making and extent of use of contraception. One of the reasons may be a strong patriarchy system in the study region where a younger female may have higher autonomy in domestic decisions but decisions about her reproductive goals, use of contraception are taken by her „in laws“ and „husband“.

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