



A CROSS SECTIONAL STUDY ON BIO-SOCIAL STATUS OF WOMEN IN REPRODUCTIVE AGE GROUP 18-45 YEARS IN AN URBAN COMMUNITY OF KALBURGI DISTRICT, KARNATAKA: SOUTH INDIA

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ABSTRACT

Background Women play significant role in the development of a nation. An attempt is made to ponder over the bio-social status of the women in the society.

Method: A community based cross sectional study, among 200 women of reproductive age group (18-45 Years) in the field practice area of KBNIMS, Kalburgi, from 1st April 2014 to 30th June 2014.

Result: It's observed that out of 200 women studied majority were 70% Muslims, 80% belonged to nuclear family, 82% were married 16% were illiterates, 54% and 5% were school dropout and college dropout respectively. The majority (87%) feel that women should contribute to family decisions or decision making, out of which only 77% actually contribute.

Conclusion: Age is inversely proportional to health status of women. School dropout and early married women felt the need in the system that could have given them a chance for decision making power on their life. Majority of women are now conscious about education, economic status in society and also freedom of decisions.

Key words: Health, Social, Empowerment, status, reproductive age group Women

INTRODUCTION

Status of women in India has knowledgeable transformation in the present past. Women today are being promoted to regain equal rights. Estimates show only 496 million women population in India today, which ought to be 528 million. This implies that there are some 32 million "missing" women in India following indiscriminate female infanticide and sex-selective abortion. For women the literacy

rate stands at 54.16 percent. Still, 245 million Indian women cannot read or write, constituting the world's largest number of illiterate women. Schooling of an average Indian woman is 1.2 years judge against males 3.5 years. More than 50 per cent girls drop out by the time they are in middle school. Since few decades, the systems practiced in the society, so deteriorated that the status of women became an issue to be discussed on several platform. Many Organizations Like Dowry Prohibition Act,

Widow Remarriage Act, Special Marriage Act, Women Primary Education Act, etc have been established to bring up the women in the society, but in spite of all these effort the improvement is less. An attempt is made to ponder over the status of the women in the society in relation to health, socio-demographic, empowerment status of women.^{1,2,3}

MATERIALS AND METHODS

A community based cross sectional study was done among women of reproductive age group (18-45 Years) in the field practice area of Khaja Banda Nawaz Institute of Medical Sciences (KBNIMS), Kalburgi,, from 1st April 2014 to 30th June 2014. This area was selected considering the sensitivity of the issues and co operation of the subjects. Women’s literacy rate in Karnataka as per 2011 census⁴ was 68.08% based on that and using the formula $N = \frac{4pq}{L^2}$ where L was taken as 10% the nearest sample size was 188. To make it equal to the nearest whole number a total of 200 women of reproductive age group was considered in the study. To meet the desired sample size a house to house visit of the area was done beginning from the centre of the selected area; moving along the right hand side till the required sample size was achieved. If a house-hold had more the one woman in the reproductive age group youngest women was taken into consideration. Whenever houses with no women of reproductive age group were detected; that house was skipped and went to the next house. In the absence of respondents during the first visit, 2 subsequent visits were made to contact them. Not willing to participate (2 Women) in spite of 2-3 persuasion were dropped. Thus a total of 200 women belonging to different house-holds were included in the study.

A pre-tested, pre-designed and semi-structured Proforma was used for the data collection. Visits to Urban Health Training Center (UHTC) were made

on the pre-decided dates and the women in the reproductive age group (18-45 years) were assessed. Data was collected regarding the health status, educational status, marital status and empowerment status of women about their perception towards life. Operational definition used for classification of educational label were; (a) illiterate-one who could not read or write with understanding in any language, (b) primacy school from class one to seven, (c) Secondary school-eighth to tenth class, (d) PUC Pre University College or equivalent to 12th class and (e) Degree. The women were explained the objectives of our study and were assured that their identities won’t be disclosed. Consent was obtained from all the participants of the study. Thus collected data was coded and analyzed by Microsoft Excel 2007 and was further tabulated and presented.

RESULTS

In the current study, out of 200 women studied 72% of Muslims and were 28% of Hindus. 80% were in Nuclear family Majority of women i.e. 50% were in the age-group of 25-35year followed by 25% in age group of <25 years and 36-45 years respectively. Majority 164 were married women, of which 29% were early marriages i.e. married before the age of 18years. 16% of women in the study were illiterate and majority 30% had just Primary education only followed by 24% 20% and 10% with education qualification up to secondary Degree and PUC respectively.

Table 1 Showing education and occupation status of women indicates that majority 124 (62%) were home makers followed by 50 (25%) working (economically independent) and 26 (13%) still studying. Further it is observed that 75% each of illiterate and secondary educated women were house wife’s or home makers followed by 70%, 40% and 30% of women educated up to primary, Degree and PUC respectively.

Table 1: Distribution of women based on education and occupation status

Occupational Status	Illiterate (n=32)(%)	Primary (n=60)(%)	Secondary (n=48)(%)	P U C (n=20)(%)	Degree (n=40)(%)	Total (n=200)(%)
Homemaker	24 (75)	42(70)	36 (75)	6 (30)	16 (40)	124(62)
Working	8 (25)	18 (30)	12 (25)	4(20)	8 (20)	50 (25)
Studying	0(0)	0(0)	0(0)	10(50)	16 (40)	26(13)

Table 2: Study Subjects Based on Reasons for not Pursuing Further Education [N=150]

Reasons	Illiterate (n=32) (%)	School Dropout (n=108) (%)	College Dropout (n=10) (%)	Total (n=150) (%)
Poor socioeconomic status	28 (88)	50 (46)	2 (20)	80 (53)
Marriage	0 (0)	24 (22)	4 (40)	28 (19)
Pressure From Parents	2 (6)	18 (17)	0 (0)	20 (13)
Lack Of Interest	2 (6)	12 (11)	4 (40)	18 (12)
Others	0 (0)	4 (4)	0 (0)	4 (3)

Table 3: Relation between Age and Health Status of Study Population [N=200]

Health Problems	Age			Total (n=200) (%)
	<25 years (n=50) (%)	25-35 years (n=100) (%)	36-45 years (n=50) (%)	
No problems	32 (64)	54 (54)	16 (32)	102 (51)
*Hypertension	0 (0)	4 (4)	8 (16)	12 (6)
*Anemia	10 (20)	18 (18)	6 (12)	34 (17)
*URTI	4 (8)	4 (4)	2 (4)	10 (5)
*Menstrual abnormalities	4 (8)	4 (4)	2 (4)	10 (5)
*Diabetes	0 (0)	2 (2)	2(4)	4 (2)
*Infertility	0 (0)	2 (2)	2 (4)	4(2)
*Obesity	0 (0)	2 (2)	2 (4)	4 (2)
*Others	0 (0)	10 (10)	10 (20)	20 (10)

X² =10.95 p=0.004 *Row data pooled to apply Chi-square test DF=2

Table 4: Opinion and Participation of study subjects In Decision Making Power In Family [N=200]

Opinion towards involvement of women in major family discussions	Participated in family discussions or decision makings		Total (N=200)(%)
	Yes (n=136) (68%)	No (n=64) (32%)	
Yes	134 (77)	40 (23)	174 (87)
No	2 (8)	24 (92)	26 (13)

Table 2 depicts that the majority 54% of study group were school dropouts followed by 16%, who were illiterate and 5% who were college dropouts. The major reason for not pursuing further education was 53% poor socioeconomic status followed by 19% marriage.

Table 3 showing age and health status of the women 51% of women were healthy or did not have any health problems most common morbidity was clinical anemia i.e.17% of cases followed by 6% with diagnosed hypertension 5% by menstrual problems and Upper respiratory tract infection each. As the age-groups advanced, the prevalence of morbidity in women’s also increased simultaneously which was statistically significant. p=0.004

Table 4 depicts the women’s opinion towards involvement in family discussions or decision needed or not and weather subjects had ever contributed in such discussions are not. It was observed that. The majority 87% feel that women should contribute to family decisions or decision making, out of which only 77% actually contribute.

DISCUSSION

“The Healthy Family is Formed by the Healthy Mother”. This saying gives the importance of the women.

Women play significant role in the development of a nation. Without women participation, goals of development activities cannot be fully attained. The current study is carried on to know the status of women in the society as it is well aware that the situation faced by Indian women is one of the bleakest in the world. Of all the discrimination and

denial of opportunity that these women suffer, the most damaging is the denial of the right and opportunity to education. In the study done by Rathore M et al.⁵ among reproductive age women found 48% of their study population were illiterate 27% had primary 20% had secondary education and only 5.4% had education up to degree and above in current study illiteracy among women was 16% maybe due to urban background of the study population but 54% of school drop-out was observed and 5% of college dropout with major reasons being poor socioeconomic background followed by marriage and pressure from parents. The Demographic Health Survey (DHS) in Zimbabwe indicated that school enrolment was similar in terms of gender, but at the secondary school level the number of girls was much lower.⁶ Women outnumber men by two to one among the world’s illiterate population.⁷ The discrimination against women in the developing world starts in childhood. “Son preference” limits girls’ access to food, education and health care.⁸ Our education system is silent on these issues. When the most significant persons like mother and father themselves are prejudiced how can we expect the child to be a broad-minded person with all humane values. ⁹ In this study it was observed that 76% said they prefer both (son or daughter) equally but 13% preference son over Daughter. If parents cannot afford to educate all their children, they prefer to send their sons to school.⁸ in current study Only 25% were working women and further it was found that out of 124 women who are nor working 85% were home makers deprived of economic independency in our study group. Our findings were comparable with findings of the study done by Megha Mittal¹⁰,

where 66% of study group were house wife and 13% were studying.

At household level Indian women enjoy a low status. Women are highly dominated by men. Their decision making is considered not important. They have still not enjoyed with the basic needs. Because of these conditions the socio-economic condition is in deplorable situation. As in current study it's observed that 29% of marriages were early marriages i.e. before the age of 18 years and consent for marriage was not considered in 46% of the marriages. Parents had least inclination to take consent in respect to marriage of their daughter particularly among. (75% of) early marriages, compared to (35%) of the women married after 18 years. This is further supported in our study as we found the major reasons for early marriage in women were pressure from parents (58%), poor economic status (29%), and attained menarche (06%). Comparable findings were observed in the study done by Singh KB et al on early marriage among women in a Muslim-dominated area of Manipur i.e. 36%. This may be due to similar religious background.¹¹

Out of the 164 married women majority (76%) share a good relationship with their in-laws, followed by 11% who share an average relationship with their in-laws, 6% had bad relation and 7% face harassments (physical harassment in most cases). Women empowerment may be the key slogan for every government since independence, but the findings of a government report show women still lag way behind men in having a say in decision making and in their participation in economic activity.¹² Our study indicated that still few women (13%) were in with opinion that women has no role to play in decision making and only 77% of women with positive attitude had participated or contributed in decision making in regard to various issues in family. The reason for the weak status of the women in society is associated with poor economical status, illiteracy, harassment, sex difference. These factors hinder not only the career and empowerment of the women but in turn the country as the whole.

CONCLUSION

To conclude one of the best ways to understand the spirit of a civilization and to appreciate its excellence and realize its limitation is to study the position and status of women in it. In current study it was found that Nuclear families are predominating in study population. And women in nuclear family were found to be more content with life than their counter part. Educated and working women had better or contented lifestyle when compared to the women who were not educated. Age is inversely

proportional to health status of women. School dropout and early married women felt the need in the system that could have given them a chance for decision making power on their life. Majority of women are now conscious about education, economic status of them in society and also freedom of decisions. Women in our country need a safe, civilized home, workplace and society where she can live without any fear and anxiety and dream of realizing her true potential without being unduly discriminated or threatened.

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