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## WOMEN DEVELOPMENTS IN GULBARGA – EMPIRICAL EVIDENCE



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### ABSTRACT

The health of Indian women is intrinsically linked to their status in society. Research on women’s status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. All of these factors exert a negative impact on the health status of Indian women.

**KEYWORDS** :Empirical Evidence, women’s status ,Indian women .

### INTRODUCTION

Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman’s health affects the household economic well being, as a woman in poor health will be less productive in the labour force. While women in India face many serious health concerns, this profile focuses on only

### five key issues:

reproductive health, violence against women, nutritional status ,unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India’s 25 states and 7 union territories, it is not surprising that women’s health also varies greatly from state to

state. To give a more detailed picture, data for the major states will be presented whenever possible. Like most cultures across the world, Indian society has deeply entrenched patriarchal norms and values.

## **2. OBJECTIVES OF THE STUDY ARE AS UNDER -**

The aim of present study is to investigate women's health status in Gulbarga District, Karnataka. Women's status is inextricably bound up with social, cultural and economic factors that influence all aspects of their lives.

## **THE OBJECTIVES ON WHICH THE RESEARCH IS FOCUSED ARE BELOW:**

1. To examine the indicators of women's health status in Karnataka state particularly in Gulbarga District.
2. To analyse the General Issues pertaining to women's health in Gulbarga District.

## **3. LIMITATIONS OF THE STUDY -**

The main limitation of the study is that it is limited only to Gulbarga District. So, the entire findings of the study may not be applicable in case of other district in Karnataka.

## **4. METHODOLOGY -**

The study is undertaken with the broader methodological framework of women for her health and status the study has analyzed the general issues pertaining to women development in study area. The study is based on both primary and secondary data. The primary data has been collected through field work by using both quantitative and research techniques. The secondary data is collected through books, newspaper, journals, reports, etc from different libraries and also from hospitals reports, health centers and state government statistical office.

### **4.1 SAMPLE DESCRIPTION -**

The sample size was 250 women in Gulbarga district for the purpose of research study researcher chosen the sample respondents of women's are 250 were selected randomly for the study in Hyderabad-Karnataka region particularly in Gulbarga District.

## **5. WOMEN HEALTH IN INDIA**

Health is complex and dependent on a host of factors. The dynamic interplay of social and environmental factors has profound and multifaceted implications on health. Women's lived experiences as gendered beings result in multiple and, significantly, interrelated health needs. But gender identities are played out from various location positions like caste and class. The multiple burdens of 'production and reproduction' borne from a position of disadvantage has telling consequences on women's well being. The present section on women's health in India systematizes existing evidence on the topic. Different aspects of women's health are thematically presented as a matter of presentation and the themes are not to be construed as mutually exclusive and watertight compartments. The conditions of women's lives shape their health in more ways than one.

The population of the world crossed 6 billion in 1999, and India's population crossed 1 billion in 2000. In 2011, India's population is expected to be around 1.2 billion. Some indicators on the quality of life in Asian countries, including India have improved over the years such as life expectancy, literacy and infant mortality, while others have remained static or deteriorated such as environmental sanitation

WOMEN DEVELOPMENTS IN GULBARGA – EMPIRICAL EVIDENCE

and environmental degradation. International comparisons on a few of the indicators of human development for Asian countries and indicators for different states in India are given in the tables below.

TABLE: 1  
DEVELOPMENT OF INDIAN WOMEN IN 2008

Development Indicators	Wome	Me	Tot	Women	Men	Tota
<b>1. Demography</b>						
-Population(inmillionin1971&2001)	264.1	284.	548.	49	531.	1027.
-DecennialGrowth(1971&2001)	2	24.	24.	21.7	20.9	21.3
<b>2. Vital Statistics</b>						
-SexRatio(1971&2001)	9	-	-	933	-	-
-	5	50.	-	66	63.8	-
ExpectedMarriages(1971&1991)	0	22.	-	9	27.9	-
ExpectedBirths(1971&2001)	0	22.	-	9	27.9	-
<b>3. Health and Family Welfare</b>						
-BirthRate(1971&2008)	2	-	36.	-	-	22.8
-DeathRate(1970&2008)	1	15.	15.	6	8	7
-	5.	123	127	35	52	53
InfantMortalityRate(1978&2008)Per	8	-	-	0	4	-
1000live	1-	-	-	1	15.2	16.0
ChildDeathRate(2007)(0-4years)	1-	-	-	6	1	1
(2007)(5-14years)	4	-	-	254	-	-
-MaternalMortalityRate(1980&2008)	4	-	-	254	-	-
<b>4. Literacy and Education</b>						
-LiteracyRates(1971&2001)	789	24.	16.	54	75.9	65.3
-GrossEnrolmentRatio(1990-		9	7	2	6	8
ClassVI-07)(%)	8	113.	100.	10	114.	111.
ClassVI-VIII	4	76.	62.	6	74.4	73.6
-DropOutRate	7.	6	1	8		
(1990-91&2006-07)(%)	8					
ClassI-V	46	40.	42.	2	24.4	25.4
ClassVI-VIII	-	1	6	4	46.6	46.0
<b>5. Work and Employment</b>						
-	1	52.	34.	25	51.9	39.2
WorkParticipationRate(1971&2001)(	1943(11	155.	174.	51.21(19%	218.7	260.9
OrganisedSector(No.inlakhsin1971&	8.6(8%)	98.	107.	30.03(16.51	151.8	181.8
PublicSector(No.inlakhsin1971&200		7	3	%)	5	8

SOURCE:

India, Ministry of Human Resource Development, Department of Women and Child Development. (2001). Working Group on Empowerment of Women: Tenth Plan (2002-07): Report. New Delhi. p.43. India, Ministry of Human Resource Development, Department of School Education and Literacy. (2009). Annual Report 2008-09. New Delhi. p.307-08, 317--18. India, Registrar General. (2008). Sample Registration System: Statistical Report 2007. New Delhi. p. 83-84. India, Registrar General. (2009-). Sample Registration System Bulletin, October 2008. New Delhi. p.1-5.

**6. RESULTS OF THE STUDY -**

The researcher collected the information according to the objective of the paper and below are discussed the some of the general issues pertaining to study area of women’s developments in India and particularly in Gulbarga district (See Table – 2).

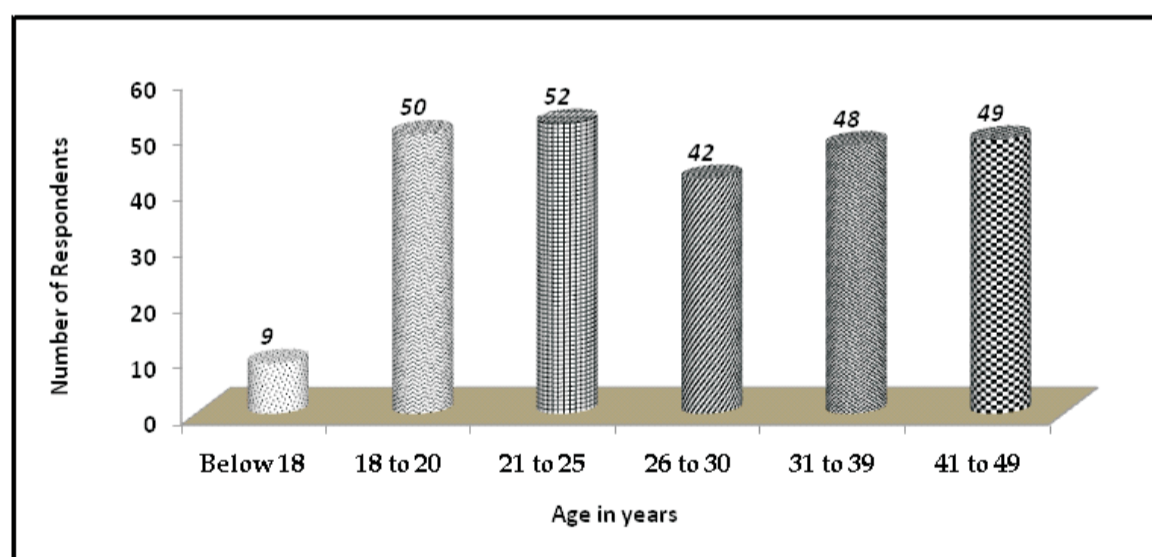
**TABLE2:  
DISTRIBUTION OFSTUDY SUBJECTS ACCORDINGTOHEIRAGE(N=250).**

Age in Years	Women’s Age	
	Number	In Percent
Below 18	09	03.6
18 to 20	50	20.0
21 to 25	52	20.8
26 to 30	42	16.8
31 to 39	48	19.2
41 to 49	49	19.6
55 to 60	NA	NA
<b>Total</b>	<b>250</b>	<b>100</b>

Source: Field Investigation.

Table 2 reveals that distribution of study subjects according to their age of women’s in the study area of Gulbarga district, Karnataka. The above table noticed that 52 (20.8%) of the respondent women’s are belonging to age group of 21 to 25 and 50 (20% of the respondent-participants of women’s are mainly dependent on 18 to 20 age group of study area. About, 49 (19.6%) of the respondents are 41 to 49 age group of women’s in the study area. It is clear from the above table that more number of women’s are responding for the questionnaire are 21 to 25 and researcher are more consist on the age group of women’s.

**FIGURE – 1:  
DISTRIBUTION OFSTUDY SUBJECTS ACCORDINGTOHEIRAGE(N=250).**



Source: Field Investigation.

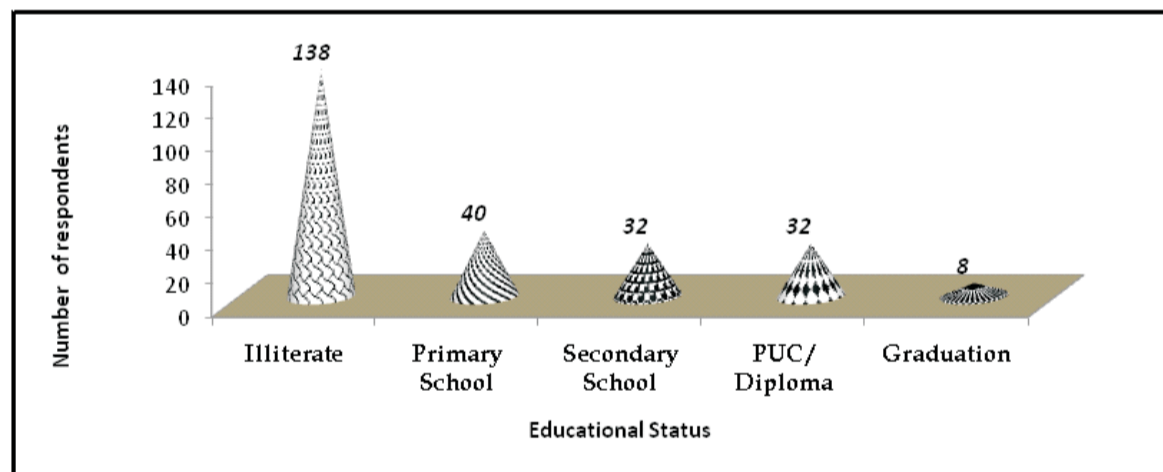
**TABLE 3:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO THEIR EDUCATION STATUS (N=250).**

Educational status	Women's Age	
	Number	In Percent
Illiterate	138	55.2
Primary School	40	16.0
Secondary School	32	12.8
PUC/Diploma	32	12.8
Graduation	08	03.2
<b>Total</b>	<b>250</b>	<b>100</b>

Source: Field Investigation.

The above table 3 reveals that distribution of study subject according to women's education status in Gulbarga District, Karnataka. The table found that majority 138 (55.2%) of the respondent-women's are mainly dependent on illiterate and about 40 (16.0%) of the respondent-women's are belonging towards primary school. Only 32 (12.8%) of the respondents participants of women's are belonging to secondary and puc/diploma and a very less number of women's are graduation are 08(3.2%) only. The above discussion is clearly indicates that major number of women's are illiterate and it is suggest to the society to provide more and more education facilities to women's who are in poor family conditions.

**FIGURE – 2:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO THEIR EDUCATION STATUS (N=250).**



Source: Field Investigation.

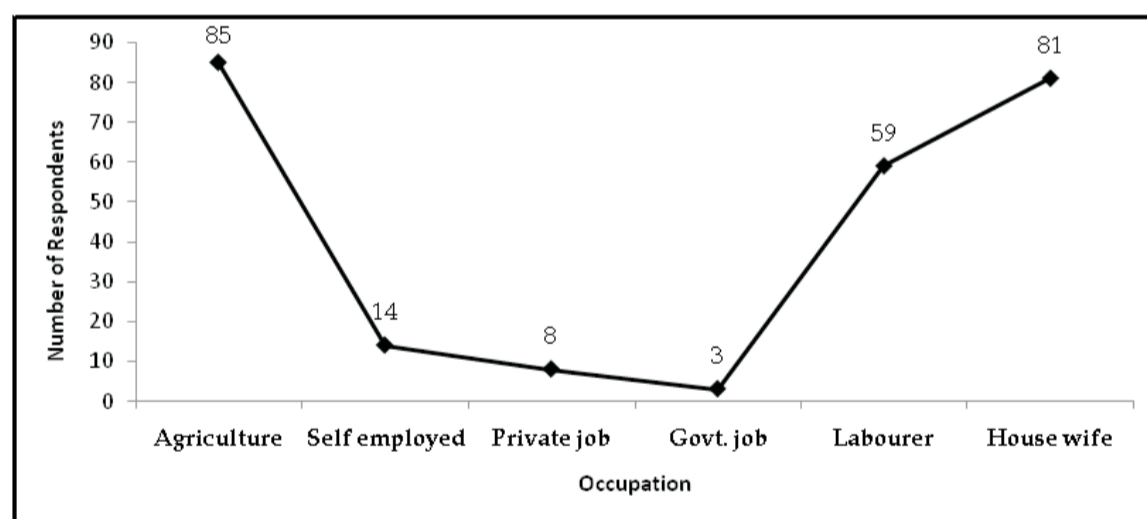
**TABLE4:  
DISTRIBUTIONOFSTUDYSUBJECTSACCORDINGTOOCCUPATION (N=250).**

Occupation	Women’s Occupation	
	Number	In Percent
Agriculture	85	34
Self employed	14	5.6
Privatejob	8	3.2
Govt.job	3	1.2
Labourer	59	23.6
Housewife	81	32.4
<b>Total</b>	<b>250</b>	<b>100</b>

Source: Field Investigation

Table 4 deals with distribution of study subject according towards occupation of respondents of women’s in study area. It found from the above table majority of 85 (34%) of the respondent-women’s are agriculture. About 81 (32.4%) of the women’s are belonging to housewife and a very minor that is 59 (23.6%) of the respondent-women’s are dependent on labourer groups. It is clear from the above table that is more number of women’s are dependent on agriculture in study area.

**FIGURE – 3:  
DISTRIBUTIONOFSTUDYSUBJECTSACCORDINGTOOCCUPATION (N=250).**



Source: Field Investigation



**TABLE 5:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO SELF-REPORTED GENERAL SICKNESS OF WOMEN (N=250).**

SELF REPORTED SICKNESS BY THE WOMEN	Women's Occupation	
	Number	In Percent
Fever	70	28
Cold & Cough	40	16
Joint pain	30	10
Hypertension	06	02
Diabetes mellitus	04	1.7
Depression	03	01
Vomiting	24	08
Bodyache	10	3.3
Headache	02	0.3
Diarrhoea	01	13
Abdominal pain	29	11.6
Acidity	10	3.3
Weakness	10	3.3
Urticaria	10	0.3
<b>TOTAL</b>	<b>250</b>	<b>100</b>

Source: Field Investigation

Table 5 reveals that Distribution of Study Subjects According to Self-reported general sickness of Women. Majority 70 (28%) of the respondent-women's are suffering fever reported in survey investigation. About 40 (16%) of the women's responses are feel more cold and cough it is noticed during the study. It also noticed that 30 (10%) of the women's are feel joint pain in study area.

**TABLE 6:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO TREATMENT SEEKING BEHAVIOUR OF WOMEN FOR GENERAL SICKNESS (N=250).**

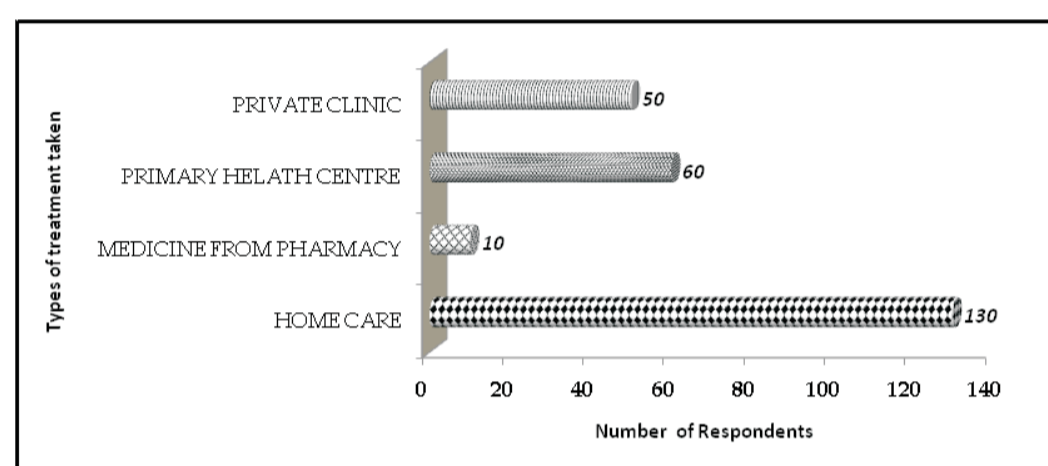
Type Of Treatment Taken	Number	In Percentage
HOME CARE	130	52.0
MEDICINE FROM PHARMACY	10	4.0
PRIMARY HEALTH CENTRE	60	24.0
PRIVATE CLINIC	50	20.0
<b>TOTAL</b>	<b>250</b>	<b>100.0</b>

Source: Field Investigation.

The above table no.5 depicted that distribution of study subject according to treatment seeking behaviour of women for general sickness of 250 women respondents of the study area. Huge 130 (52%)

of the respondents are response towards the type of treatment taken by the women's are homecare. It is also noticed that 60 (24%) of the respondent women's are belonging to primary health care and minor that is 50 (20%) of the respondents are private clinic.

**FIGURE – 4:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO TREATMENT SEEKING BEHAVIOUR OF WOMEN FOR GENERAL SICKNESS (N=250).**



Source: Field Investigation.

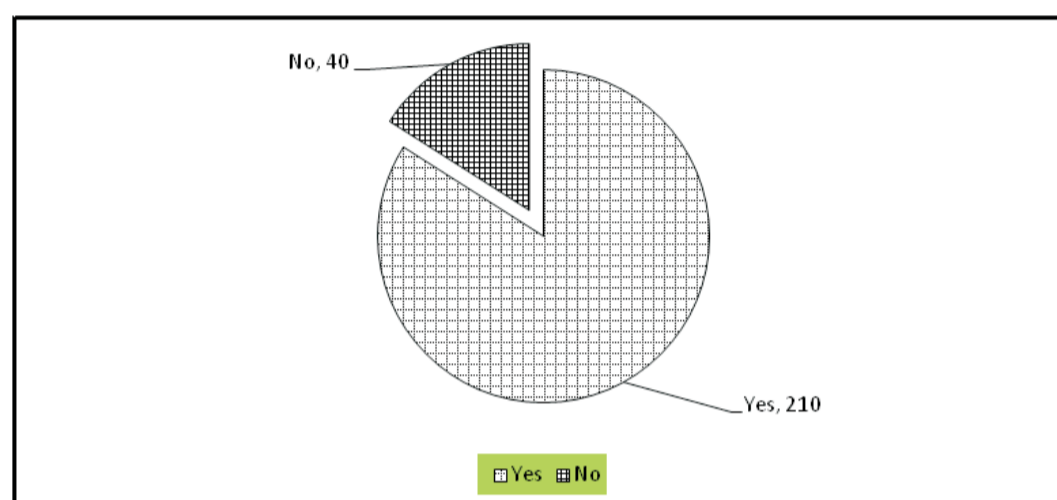
**TABLE 7:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO WOMEN WHO UNDERWENT ANY SURGERY**

Women Who underwent surgery	Number	In Percentage
Yes	210	84.0
No	40	16.0
Total	250	100

Source: Field Investigation

Table 6 highlights distribution of study subjects according towards women who underwent any surgery and researcher used the multiple choice response of the women's on general issue pertaining to surgery. Majority of 210 (84%) of the respondent-women's are agreed opinion about women's are wish to go underwent any type of surgery in study area. About 40 (16.0%) of the respondent-women's are not agreed with the general aspect of women's are not wish to go for surgery. It found that in the study area more number of women's is in favour of surgery it found in the study.

**FIGURE – 4:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO WOMEN**  
**WHO UNDERWENT ANY SURGERY (N=250).**



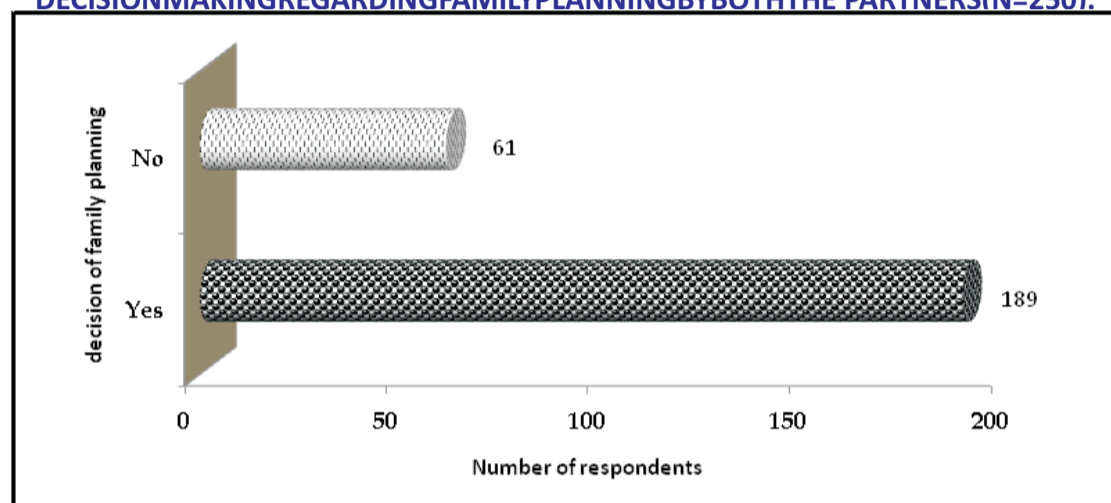
**TABLE 8:**  
**DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO**  
**DECISION MAKING REGARDING FAMILY PLANNING BY BOTH THE PARTNERS (N=250).**

Decision of family planning by Women	Number	In Percentage
Yes	189	75.6
No	61	24.4
<b>Total</b>	<b>250</b>	<b>100</b>

Source: Field Investigation.

The above table number 8 deals with the distribution of study area according to decision making regarding family planning by both the partners. Majority 189 (75.6%) of the respondent-women's are belonging to strongly agreed about the general issues of women's in the study area. About 61 (24.4%) of the respondent women's of the elected area of research study are responding on general issue pertaining to family planning issues are not agreed to above stated aspect of the study.

**Figure – 5:  
DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO  
DECISION MAKING REGARDING FAMILY PLANNING BY BOTH THE PARTNERS (N=250).**



Source: Field Investigation.

#### 7. CONCLUSION -

The present scenario women's are play a very vital part in the society. Women's are more responsible in the family and to take more struggles to enrich the society. Married women in rural areas show poorer health seeking behaviour possibly due to reduced decision making authority and their illiteracy. The role of partners and their family members appear crucial in the access and use of reproductive health services by women. Partner involvement appears crucial to health seeking among married women. Half of the women had not taken any treatment, one fifth of the women visited private clinics, one fourth of them had visited PHC, and few women had purchased medicines directly from medical stores without consulting a doctor. Women's who were better educated, married later, and whose wives were educated and were older when they married knew more about and were more likely to participate in all round health care of women. In this research article through some light on the women's health and status in Gulbarga district in Karnataka

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