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Gender differential and its associated health status in urban Hisar

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Abstract

Gender inequality holds back the growth of individuals, the development of nation and the evolution of societies to the disadvantage of both men & women. Girl child is the future of every nation and India is no exception. In the Vedic Age women enjoyed great respect and freedom in the society. In fact far superior position to the men of that time, "Shakti" a feminine term means "power" and "strength". India is a country where social disadvantage outweighs natural biological advantage of being a girl. Patriarchal societies continue to fix rigid gender roles and prescribe behavioural norms that are often discriminatory against women. Evidence shows that girls are breastfed for shorter periods, given less medical attention, given less food and health care than boys, both in quality and quantity and therefore are undernourished compared to male children especially in Northern India. This in turn leads to health issues like anaemia and intrauterine growth restriction during pregnancy. Girls in India face higher risks of malnutrition, disease, disability, and retardation of growth and development. The present study was planned in urban area represent three different economic strata of Hisar, Haryana. From each strata data collected from 60 respondents. This paper revealed that sex ratio for female/male in was 1044 in high economic strata (ES), 969 in medium ES and 816 in low ES. 23.3 per cent females from medium ES and 40.0 per cent from low ES were anaemic. On an overall basis, this study showed difference in their perceived health status of male and female in various economic strata.

Keywords: Gender, ES (economic strata), sex ratio, age, health status

Introduction

The Millennium Development Goals explicitly called for gender equality. Its successor, the Sustainable Development Goals (SDG), adopted in 2015, sets targets for the international community over the next 15 years. Goal 5 of its 17 broad goals explicitly calls for gender equality and the empowerment of women and girls. Ministry of Statistics and Programme Implementation (2019) reported that sex ratio of India is 107.48 i.e., 107.48 males per 100 females. According to the Global Gender Gap Report released by the World Economic Forum (WEF) in 2011, India was ranked 113 on the Gender Gap Index (GGI) among 135 countries. A popular Telugu saying from Andhra Pradesh says, "Bringing up a daughter is like watering a plant in another's courtyard." Due to this understanding, she is considered a liability and outside commodity and is deprived of good food and nutrition. Indicators used in measuring women's health are limited to mean age at marriage, total fertility rate, and anaemia levels. Keeping in mind the present study was designed to analyse sex ratio and health status with several indicators like age of marriage and parenthood, medical attention and care in urban families respective to gender.

Saha & Saha (2010) [8] showed that number of infant deaths among girls exceeds than boys due to discriminatory child care practices. The worst case is that of Haryana, where the gender difference in the infant mortality rate is 19% are victims of child abuse.

Kowsalya and Manoharan (2017) [5] concluded that 80% of the Indian pregnant women suffered from iron deficiency and anaemia. The health and nutritional status of Indian women become worst due to the prevailing cultural and traditional practices. Indian women are generally vulnerable to poor nutrition, especially during pregnancy and lactation.

World Bank (2018) [10] revealed that sex ratio of world in 2018 was 101.783. It means that World had 101783 males for each 100000 females or 98248 females for each 100000 males. 12 countries had sex ratio less than 90.0, while 37 had less than 95.0. In the list of top 10 countries having lowest male to female ratio, six countries were located in Europe continent, three in North America and one in Asia. Chai *et al.* (2019) [3] found that anaemia is a public health problem among female vegetarians in Malaysia and India.

Health promotion programs that target female adult vegetarians should be conducted to manage and prevent anaemia, particularly among for married females, aged 50 and below, and with an inadequate protein intake.

Objectives

1. To assess existing sex ratio among urban households in all economic strata
2. To measure gender differential in the terms of health by various health indicators

The health indicators were perceived health status, general health problems, age of parenthood, etc. These are presented below.

Material & methodology

The study was planned in urban area, representative sample from various economic strata had to be drawn. Three localities from Hisar city were selected randomly representing lower, middle and higher economic status. Two labor colonies representing lower economic strata were selected randomly. Two Non HUDA/Non Govt. colonies having house size up to 250 sq. yards were selected randomly to represent middle

economic strata and two localities representing higher economic status were taken from HUDA sectors having house size more than 250 sq. yards.

Selection of respondents

Out of each selected locality, 30 households were selected at random thus making a total of 180 households. Data were collected from head of the household. A structured interview schedule was prepared for pre-determined objectives.

Instruments for data collection

Keeping in view the objectives and the variables under study, questionnaire was prepared pre-tested on a non-sampled respondents to find any ambiguity in the questions. After pre-testing some modifications were made in the questionnaire by consulting experts and finalized questionnaire was used for data collection.

Results & Discussion

1. Profile of selected families across economic strata

It can be inferred from Table 1 that majority of households were male headed, 25-44+ years old, had nuclear families.

Table 1: Profile of selected families across economic strata

Sr. No.	Variable	Category	High ES (n=60)		Medium ES (n=60)		Low ES (n=60)		Total (n = 180)	
			f	%	f	%	f	%	f	%
1.	Sex of Head of Household	Female	13	21.7	8	13.3	0	0.0	21	11.7
		Male	47	78.3	52	86.7	60	100.0	159	88.3
2.	Age of HH	25-45 Years	21	35.0	17	28.3	56	93.3	94	52.2
		45+ - 65Years	20	33.3	13	21.7	4	6.7	37	20.6
		65+ – 85Years	19	31.7	30	50.0	0	0.0	49	27.2
3.	Family type	Nuclear	37	61.7	47	78.3	56	93.3	140	76.7
		Joint	23	38.3	13	21.7	4	6.7	40	22.2

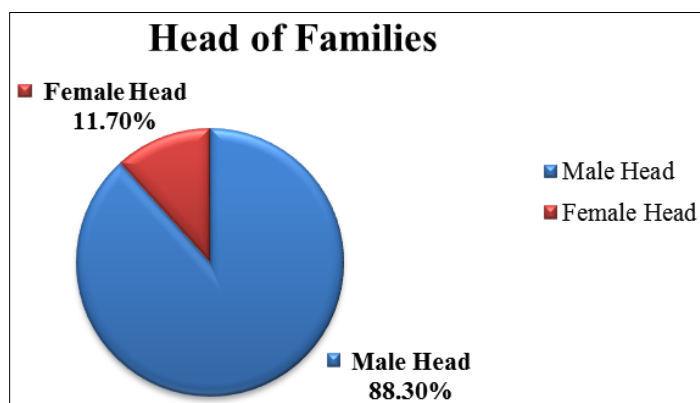


Fig 1: Head of Families

2. Economic profile of Heads of Households of selected families

It can be concluded from Table 2 that in total most of HH

were self-employed having income less than Rs. 50,000 per month and family income less than Rs. 5 lakh per annum.

Table 2: Economic profile of Heads of Households of selected families

Sr. No.	Variable	Category	High ES (n=60)		Medium ES (n=60)		Low ES (n=60)		Total (n=180)	
			f	%	f	%	f	%	f	%
1.	Employment status of HH	Not employed / Pensioner	13	21.7	22	36.7	1	1.7	36	20.0
		Labour / any other	0	0.0	0	0.0	49	81.7	49	27.2
		Self employed	31	51.7	17	28.3	10	16.7	58	32.2
		Employed	16	26.7	21	35.0	0	0.0	37	20.6
2.	Income of HH / month	Up to Rs. 50000.	0	0.0	60	100.0	60	100.0	120	66.7
		Rs. 50001 – Rs 100000	27	45.0	0	0.0	0	0.0	27	15.0

		Rs 100001-Rs 1.50000	25	41.7	0	0.0	0	0.0	25	13.9
		Above Rs 1.50000	8	13.4	0	0.0	0	0.0	8	4.5
3.	Family income / annum	Less than Rs.5 Lakh	0	0.0	42	70.0	60	100.0	102	56.6
		Rs. 5 lakh – Rs. 10 lakh	0	0.0	14	23.3	0	0.0	14	7.8
		Rs. 10 lakh+ - Rs. 15 lakh	28	46.7	4	6.7	0	0.0	32	17.8
		Rs.15 lakh+ - Rs 20 lakh	18	30.0	0	0.0	0	0.0	18	10.0
		Rs. 20 lakh+ – Rs. 25 lakh	14	23.3	0	0.0	0	0.0	14	7.8

3. Age wise sex ratio in different economic strata

It can be observed in table 3 that in high ES there were more females in all age categories except 7-14 years. In total there were 51.1 per cent females and 48.9 per cent males. In total

there were 50.7 per cent male members and 49.3 per cent female members in medium ES families. In the low ES households, above half of the population (55.1%) were male members while less than half (44.9%) were female members.

Table 3: Age wise sex ratio in different economic strata

Age Group	High ES		Medium ES		Low ES	
	M (n = 178)	F (n = 186)	M (n = 199)	F (n = 193)	M (n = 196)	F (n = 160)
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
0-6+ years	9 (5.0)	14 (7.5)	10 (5.0)	10 (5.2)	55 (28.0)	41 (25.6)
7-14+ years	34 (19.1)	27 (14.5)	32 (16.2)	35 (18.1)	53 (27.0)	45 (28.2)
15-24+ years	46 (26.0)	47 (25.5)	55 (27.6)	53 (27.4)	20 (10.2)	28 (17.5)
25-64+ years	79 (44.3)	80 (43.5)	79 (39.7)	77 (40.0)	67 (34.2)	42 (26.2)
65 years and above	10 (5.6)	18 (9.0)	23 (11.5)	18 (9.3)	1 (0.6)	4 (2.5)
Total	178 (48.9)	186 (51.1)	199 (50.7)	193 (49.3)	196 (55.1)	160 (44.9)
Sex Ratio	1044		969		816	

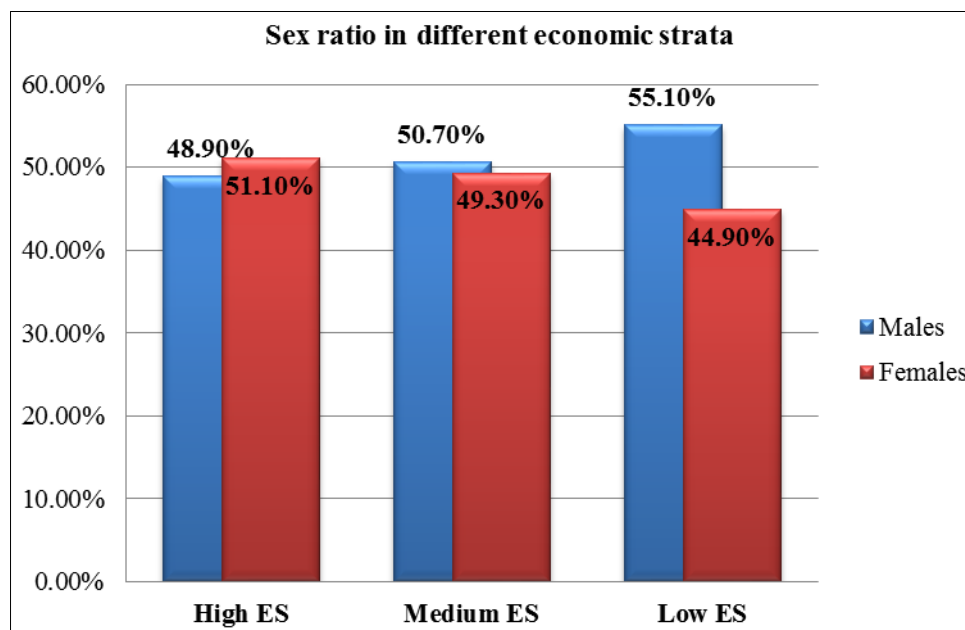


Fig 2: Sex ratio in different economic strata

The data shows that in high ES families, female members were more than male members and in other two economic strata (medium and low) there were more male members than female members. Similarly, World Bank (2018) [10] and Kohli (2017) [4] also reported that female sex ratio is less in India, position of women had worsened considerably in every sphere with a declining gender ratio.

4. Gender wise comparative sex ratio status in different economic strata

Table 4 highlights over all mean scores of males and females with respect to sex ratio. It can be seen from the Table that in high ES category, average no. of females was higher than males but in medium and low ES average no. of males higher than females. However, calculated z value was found significant in high ES and low ES while not significant in medium ES.

Table 8: Gender wise comparative sex ratio status in different economic strata

Variable	Mean ± Std. Deviation		z- cal
	Male	Female	
High ES			
Sex ratio	2.96 ± 1.19	3.10 ± 1.08	4.17*
Medium ES			
Sex ratio	3.31 ± 1.30	3.21 ± 1.15	0.44
Low ES			
Sex ratio	3.25 ± 1.31	2.66 ± 1.05	2.72*
Total			
Sex ratio	3.17 ± 1.27	2.99 ± 1.11	1.43

There is significant difference in high economic strata and low economic strata. Similarly, Asfaw *et al.* (2010) [1] observed that the gender gap intensifies as move from the richest to poorest households.

5. Gender and age of parenthood in different economic strata

It can be observed from the Table 5 most of the males and females from the high and medium ES were having their 1st

child in the age group (>25-30) years followed by less than 25 years age group. In low ES households, most of males (47.5) and females (55.5) attained parenthood in the age group below 25 years followed by (>25-30) years.

Table 5: Gender and age of parenthood in different economic strata

Age category (in years)	High ES		Medium ES		Low ES	
	Male (n = 78)	Female (n = 78)	Male (n = 89)	Female (n = 89)	Male (n = 59)	Female (n = 59)
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
<25	18 (21.9)	24 (30.0)	27 (30.3)	32 (34.8)	28 (47.5)	35 (55.5)
>25-30	46 (56.1)	48 (60.0)	47 (52.8)	52 (56.5)	24 (40.6)	25 (39.7)
>30	18 (22.0)	8 (10.0)	15 (16.9)	8 (8.7)	7 (11.9)	3 (8.3)
Total	82 (50.6)	80 (49.4)	89 (49.2)	92 (50.8)	59 (48.4)	63 (51.6)
	162		181		122	

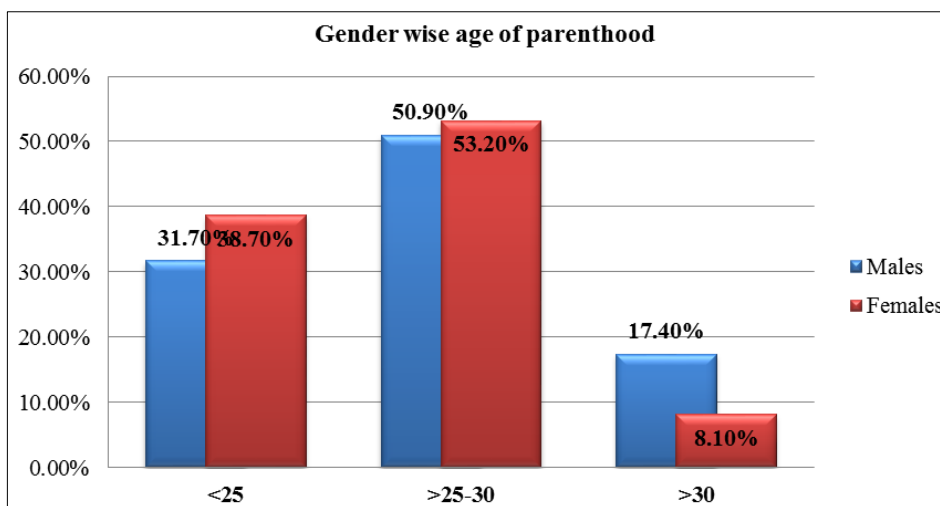


Fig 3: Gender wise age of parenthood

Thus, the study showed that more females having their first child below the age of 25 as compared to male members in all economic strata. Wodon *et al.* (2014) also observed on similar note highlighted it's consequences on female's health, that early marriage forces girls into adulthood and, frequently, motherhood before they are emotionally or physically mature.

6. Gender and major health problems faced in different economic strata

Table 6 shows major health problem in males of high ES

category was high BP (15.0%), followed by others (13.3%), while the major problem in women of the same category was high BP (26.6%) followed by anaemia (11.7 %). In medium ES category, 23.3 per cent females and 13.3 per cent males suffered from high BP, while 23.3 per cent females also suffered with anaemia. In low ES category, it was heartening to note that huge majority of respondents did not suffer from diabetes (91.5), heart diseases (86.7) and high BP (48.3%). though quite a good percentage of females (40.0%) had anaemia.

Table 6: Gender and major health problems faced in different economic strata

Category	High ES (n=60)					Medium ES (n =60)					Low ES (n =60)				
	Diabetes f (%)	Heart Diseases f (%)	High BP f (%)	Anaemia f (%)	Others f (%)	Diabetes f (%)	Heart Diseases f (%)	High BP f (%)	Anaemia f (%)	Others f (%)	Diabetes f (%)	Heart Diseases f (%)	High BP f (%)	Anaemia f (%)	Others f (%)
None	46 (76.6)	53 (88.3)	23 (38.3)	52 (86.7)	47 (78.4)	48 (80.2)	50 (83.4)	29 (48.4)	46 (76.7)	38 (63.3)	55 (91.5)	52 (86.7)	29 (48.3)	31 (51.7)	41 (68.4)
Only males	5 (8.3)	4 (6.6)	9 (15.0)	1 (1.6)	8 (13.3)	1 (1.6)	6 (10.0)	8 (13.3)	0 (0.0)	12 (20.1)	2 (3.4)	5 (8.3)	7 (11.6)	3 (5.0)	8 (13.3)
Only females	4 (6.8)	3 (5.1)	16 (26.6)	7 (11.7)	4 (6.7)	7 (11.6)	4 (6.6)	14 (23.3)	14 (23.3)	7 (11.6)	3 (5.1)	3 (5.0)	15 (25.1)	24 (40.0)	8 (13.3)
Both	5 (8.3)	0 (0.0)	12 (20.1)	0 (0.0)	1 (1.6)	4 (6.6)	0 (0.0)	9 (15.0)	0 (0.0)	3 (5.0)	0 (0.0)	0 (0.0)	9 (15.0)	2 (3.3)	3 (5.0)
Total	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60

It was observed that more females were having the health risks of overweight as well as underweight in comparison to males. Significant association between gender and health related risks was found. The similar findings by Kowsalya

and Manoharan (2017) [5] investigated that around 80% of the Indian pregnant women suffered from iron deficiency and anaemia.

7. Gender and medical facilities availed in different economic strata

Medical facilities with respect to general illness and serious illness availed during last one year are presented in the Table 7. In high ES category, majority of the males as well as females availed facility of private hospital in case of general as well as serious illness for treatment during last year. In

medium ES, most of males (51.7%) were visiting trust hospital for general illness while female were going to government hospital (50%). In low ES households, majority of females (90 %) and males (56.7%) were going to government hospital for general illness while at the time of serious illness, they availed facility of trust hospital.

Table 7: Gender and medical facilities availed in various economic strata

Category	High ES n = 60				Medium ES n = 60				Low ES n = 60			
	General Illness		Seriously Illness		General Illness		Seriously Illness		General Illness		Seriously Illness	
	M f (%)	F f (%)	M f (%)	F f (%)	M f (%)	F f (%)	M f (%)	F f (%)	M f (%)	F f (%)	M f (%)	F f (%)
Government Hospital	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	15 (25.0)	30 (50.0)	1 (1.6)	0 (0.0)	34 (56.7)	54 (90.0)	6 (10.0)	6 (10.0)
Private Hospital	58 (96.6)	58 (96.6)	6 (10.0)	7 (11.6)	14 (23.3)	2 (3.3)	6 (10.0)	5 (8.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Trust and others	0 (0.0)	1 (1.7)	0 (0.0)	0 (0.0)	31 (51.7)	28 (46.7)	4 (6.6)	7 (11.6)	26 (43.3)	6 (10.0)	8 (13.0)	7 (11.6)
Specialized Hospital	2 (3.4)	1 (1.7)	6 (10.0)	7 (11.6)	0 (0.0)	0 (0.0)	3 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	60	60	60	60	60	60	60	60	60	60	60	60

Findings also highlighted that more female (46.7 %) were going to govt. hospital in general illness as compared to males (27.2%) while more males were going to private hospital (40.0%) as compared to females (33.3%). This difference was more prominent in low ES category. Asfaw *et al.* (2010) [1] too observed the same conditions that the gender gap intensifies as move from the richest to poorest households discrimination in health-care financing strategies at the time of severe illness of sons versus daughters. Indian women are generally vulnerable to poor nutrition, especially during pregnancy and lactation. Thus it can be concluded that age at marriage was lower in low ES household.

8. Gender wise comparative status in different economic strata

Table 8 highlights over all mean scores of males and females with respect to sex ratio, health status. It can be seen from the Table that in high ES category, average no. of females was higher than males. However, calculated z value were found significant only for sex ratio indicating that there was significant in sex ratio of male and female but no significant difference with respect of health between male and female of high ES category. In medium ES households, mean score was found higher for males than females.

Table 8: Gender wise comparative status in different economic strata

Variable	Mean ± Std. Deviation		z-cal
	Male	Female	
High ES			
Sex ratio	2.96 ± 1.19	3.10 ± 1.08	4.17*
Health status	19.15 ± 4.89	20.41 ± 5.75	1.29
Medium ES			
Sex ratio	3.31 ± 1.30	3.21 ± 1.15	0.44
Health status	19.15 ± 4.89	19.10 ± 5.05	0.05
Low ES			
Sex ratio	3.25 ± 1.31	2.66 ± 1.05	2.72*
Health status	19.08 ± 4.06	17.78 ± 4.33	1.69
Total			
Sex ratio	3.17 ± 1.27	2.99 ± 1.11	1.43
Health status	19.66 ± 4.68	19.10 ± 5.16	1.07

*Significant at the 0.05 level

The marital status was found to be positively associated with anaemia in the present study. Health status of males was far better than females in all the three economic strata and this is because of more attention and good medical facilities given to male child as compared to female child. The similar conclusions with the findings are given by Singh (2013) who reported that first preference was given to male child for serving the costly food such as dry fruits, eggs, meat and luxurious food.

Conclusion

It can be concluded sex ratio in high economic strata and

economic status in medium, low ES and in total were found to be significantly different among males and females. Gender status regarding showed sex ratio for females /males was 1044 in high ES, 969 in medium SES and 816 in low ES. Women consider gender and customary practices are main factors responsible for discrimination. More females (38.7%) attained parenthood before 25 years as compared to males (31.7%). Gender gap in the hospitalization and usage of more onerous financing strategies is very high. Boys to be hospitalized by financing from borrowing, sale of assets, help from friends, etc. is much higher than that of girls. The major health problem in males of high ES category was high BP,

while the major problem in women of the same category was high BP followed by anaemia (11.7 %). The negative effects of malnutrition in women are compounded by heavy work demands, poverty, childbearing and rearing, and the special nutritional needs of women, resulting in increased susceptibility to illness and consequent higher mortality.

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