



Challenges of Working Pregnant Women and Health Rights of Women

A Study of Kangra District in Himachal Pradesh

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Abstract: Complications of pregnancy are health problems that occur during pregnancy. They can involve the mother's health, the baby's health, or both. Some women have health problems that arise during pregnancy, and other women have health problems before they become pregnant that could lead to complications. It is very important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications. Some women experience depression during or after pregnancy. When many of these symptoms occur together and last for more than a week or two at a time, this is probably depression. Being pregnant, however, might present challenges in the workplace. To stay healthy and productive on the job, women need to understand how to relieve common pregnancy discomforts and know when a work task might jeopardize the pregnancy. Research found that women returning to work post-pregnancy face both subtle and blatant discrimination, challenges include indifference at the workplace, lack of family support and society pressure. In Himachal Pradesh women participation in workforce is mainly in agricultural sector or labor force, they are marginally in government jobs and regular salary jobs. Their participation in direct family income is very low and they are totally depended on their husband and family. During pregnancy these women who are engaged in labor force and agricultural labor work suffer several problems related to their health issues.

In this paper an attempt is made to discuss the women health rights, issues of working pregnant women who are vulnerable and poor. And also study the various factors which affect the women health and their rights to health. In this study an attempt is also made to study the rights of working pregnant women so that they can know their rights.

Index Terms - women health, pregnant women, working women, rights, vulnerable, violence.

I. INTRODUCTION

The health of most workers in India is precarious and unprotected, and for women workers in the unorganized sector (where most women are employed) the concerns are even more serious. Occupations that women are largely engaged in range widely from home-based small industries, domestic labor and agriculture to work in quarries or brick-kilns, road and building construction, rag-picking and so on. Hence, women workers suffer from large variety of health problems, from accidental injuries and disabilities, miscarriages, birth defects in their children, and there are also deaths. Women in the organized sector, including in the Special Economic Zones (SEZ) also suffer from lack of access to laws and from gender-blindness or gender bias during employment and promotion. Women's personal and occupational vulnerabilities are intricately linked, yet employers do not see women's illnesses as their responsibility. Due to inappropriate recording of occupational illnesses, most women never get compensated for them. Since women are largely located in self-employment, piece-rate and home-based work, their collective voice is not heard.

Women's household work and labor on family farms is unrecognized in financial, social and cultural terms. For it women are given neither wages nor maternity benefits, and the wisdom they apply in decision-making is not considered by the family. Moreover, women do not interact with the market in the way men do and they hardly ever possess the land. It is ironic that women's

suicides related to farmlands are not considered in 'farmer suicides' so it results in no State compensation. Eventually even non-wage earning women should be covered by maternity and health benefits. Childcare support – so crucial to release older siblings from babysitting – needs to be provided at community-level. Considering that housework along with childbearing and childrearing is socially productive work, the enabling conditions for ALL women irrespective of current 'work status' need to be put into place.

1.1Barriers of Working Women

A recent survey found that 90 per cent of working women and only 10 per cent of men thought of quitting their jobs because of children issues. The labor force participation of women in India actually fell from 36.7 per cent in 2005 to 26 per cent in 2018, as per a report 'empowering girls and women in India'. The national crime research bureau states that crime against women increased by 7 per cent in 2017 taking the total from 3.3 lakhs to 3.6 lakhs. With 78 women Members of Parliament in a house of 543, we are at 12 per cent representation, much lower than the global average of 22 per cent. Countries like Rwanda, Andorra and Bangladesh have a greater proportion of women leaders. Why is India a democratic nation, with good reforms that support women, not doing well when it comes to equal participation of women in the economy and society? Whether it is in the corporate sector, entrepreneurship or political leadership, women are lagging behind men.

There are two broad categories of factors that keep women from a larger, more impactful presence at the workplace and in the public domain.

1.1.I. External: the socio-economic factors and prevalent patriarchal systems do not facilitate the entry of women into the workforce. The bulk of domestic and care falls to the woman and most of this work is unpaid. According to the 2019 Oxfam report, Mind the Gap-state of Employment in India, Indian women do a cumulative 16.4 billion hours of unpaid work every day. Indian men do 56 minutes of household work daily versus 353 minutes of household work by women as per OECD data. If this work were taken into account, Female labor force participation would jump to 81 per cent. Indian women are caught in a bind. They are forced to stay at home and do the work that has neither economic value nor social respect. Because of this they cannot go out and do work that has economic value. Women who do go out to work face other challenges. Sexual harassment is a persistent threat. The recent Me Too movement highlighted the prevalent and indigenous nature of this best.

Another hurdle is the social expectation from mothers combined with inadequate childcare facilities. Many working women hit the maternal wall and drop out the workforce after their first child. Workplace are not supportive or geared to allow a working mothers freedom and flexibility of childcare. A survey by Times jobs found that 90 per cent of working women and only 10 per cent of men thought of quitting their jobs because of childcare issues.

1.1. II. Internal: as a result of being subjugated to years of patriarchy, women themselves have biases and mind-sets which act as challenges. As per a social attitudes survey by Economic and Political Weekly, 49 per cent of both men and women believe that a women whose husband is earning, should not work. Many women voluntarily opt to be stay at home mothers since they believe that this the primary role and responsibility of a women.

Attaining equality between women and men and eliminating all forms of discrimination against women are fundamental human rights and United Nations values. Women around the world nevertheless regularly suffer violations of their human rights throughout their lives, and realizing women's human rights has not always been a priority. Achieving equality between women and men requires a comprehensive understanding of the ways in which women experience discrimination and are denied equality so as to develop appropriate strategies to eliminate such discrimination.

India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years.

Health is an outcome of factors or 'determinants' in the physical and social environment. Safe and wholesome living conditions, complete education, and work that is satisfying and safe with adequate pay, reasonable hours and leisure time for self-fulfillment, friendship and love, without discrimination on the basis of class, caste, ability and so on. All these, in addition to health care services, are necessary for assuring genuine health. Equally essential are positive rights over life-supporting natural resources, such as land, forest, water bodies. Particularly for women, equitable rights to land and property and equal distribution of resources,

access to health education including information about sexual and reproductive health and rights, and participation in decision-making at all levels including local governance, all of these are also essential for well-being.

1.2. Important Constitutional Provisions for Health Rights of Women

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women, but also empowers the State to adopt measures of positive discrimination in favor of women. Within the framework of a democratic polity, our laws, development policies, Plans and programs have aimed at women's advancement in different spheres. India has also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1993.

The Constitution of India not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favor of women for neutralizing the cumulative socio economic, education and political disadvantages faced by them. Fundamental Rights, among others, ensure equality before the law and equal protection of law; prohibits discrimination against any citizen on grounds of religion, race, caste, sex or place of birth, and guarantee equality of opportunity to all citizens in matters relating to employment. Articles 14, 15, 15(3), 16, 39(a), 39(b), 39(c) and 42 of the Constitution are of specific importance in this regard.

1.3. Maternity Benefits

Maternity protection is a fundamental right and an indispensable element of comprehensive work-family policies. It is crucial to promoting maternal and child health and preventing discrimination against women in the workplace. The goal of maternity protection legislation is to enable women to combine their reproductive and productive roles successfully and to promote equal opportunities and treatment in employment and occupation, without prejudice to health or economic security. Virtually every country around the world provide some type of maternity protection legislation and many others also adopted measures to support workers with family responsibilities.

Maternity Benefit Act, 1961, protects the employment of women during the time of her maternity and entitles her of a 'maternity benefit'- i.e. full paid absence from work-to take care of her child. The act is applicable to all establishments employing 10 or more person. The maternity benefit (amendment) act 2017, provisions:

- The paid maternity leave in India is increased from 12 weeks to 26 weeks for working women.
- This law is eligible for only those who work in an organization with a minimum of 10 employees.
- The prenatal leave is also increased from 6-8 weeks.
- A mother who is already a mother of 2 children is eligible for 12 weeks of maternity leave from the 3rd child.
- If a women adopts a child under the age of 3 months, then she is eligible for a leave of 12 weeks.
- A commissioner mother is also eligible for a leave period of 12 weeks starting from the day when the child is handed over. Now you must be wondering what this "commissioning mother" term is. A commissioning mother is a "biological" mother who uses her egg to make an embryo which is implanted in another woman, and the mother who gives birth to this child is known as the surrogate mother.

Maternity leave in India is reformed considering the current scenario where women are a dominantly integral part of every working setup. Pregnancy is a phase in life, many families expect it to happen to them soon. Many families plan on pregnancy and childbirth. However, joyous and exciting the pregnancy is, for working women, the concern prevail. India has already transitioned to a nuclear family approach, it is challenging to have help from home. Moreover, couples have shifted from their hometowns for corporate jobs across different locations. The concern with starting a family and transitioning the pregnancy process is a phase that brings many questions. However, working couples, as well as expectant mothers, should know the maternity leave.

1.4. Other Constitutional Privileges

- (i) Equality before law for women (Article 14)
- (ii) The State not to discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them (Article 15 (i))
- (iii) The State to make any special provision in favour of women and children (Article 15 (3))

- (iv) Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16)
- (v) The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 39(a)); and equal pay for equal work for both men and women (Article 39(d))
- (vi) To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities (Article 39 A)
- (vii) The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42)
- (viii) The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46)
- (ix) The State to raise the level of nutrition and the standard of living of its people (Article 47)
- (x) To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women (Article 51(A) (e))
- (xi) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat (Article 243 D(3))
- (xii) Not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level to be reserved for women (Article 243 D (4))
- (xiii) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T (3))
- (xiv) Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4))

1.5. OBJECTIVES OF STUDY

- To study the problems related to health of working women.
- To study the awareness among women about their health rights.
- To study the health status of working women of villages.

II. RESEARCH METHODOLOGY

The present study is based on survey. Primary data had been collected from the women respondents. A schedule has been made to study the various factor affecting pregnant women health. Data is collected from health centers, health departments, websites, newspapers and magazines. Collected Data is analyzed and described in detail.

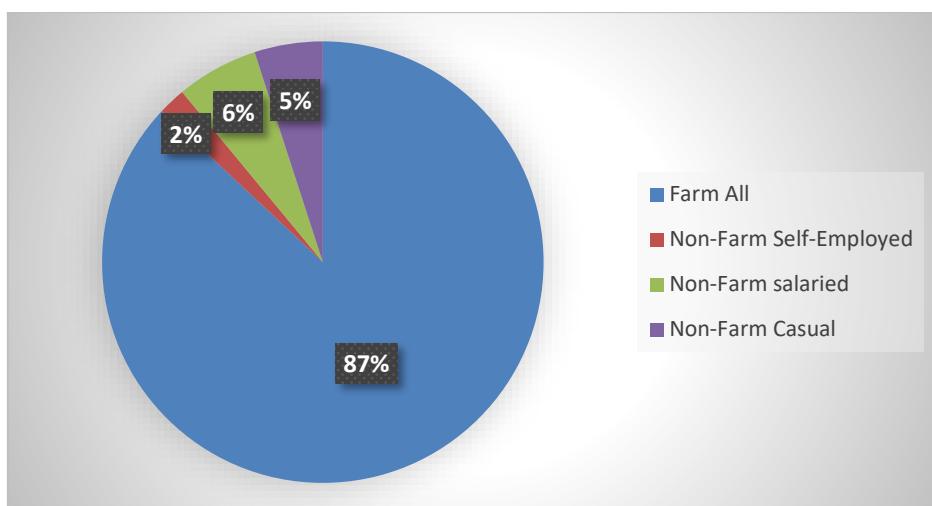
2.1 Population and Sample

The study was carried out by door to door survey in five blocks of Kangra district, Himachal Pradesh. Kangra is a largest district of Himachal Pradesh, therefore, researcher selected district Kangra for study. During the home visits, women respondents were briefed about the objective of the study. A total of 300 women were enrolled in the study and given a designed structured self-administered questionnaire.

III. RESULTS AND DISCUSSION

In this study we found that most of the women are engaged in agricultural work and labour work. There are 65 percent of women are in agricultural and labour worker. 25 percent were in government service and 10 percent in private sector. In this study we found 72 percent women with problem of anaemia iron deficiency. Because of most of the women were engaged in agricultural and labour work in Himachal Pradesh, therefore, they are suffering from malnutrition and weakness. We found in the study that women get married early in age and get pregnant in early age, which affect their health and also child.

Women Participation in Workforce



In Himachal Pradesh there is a diverse population and a growing middle class. But first, one must understand the social issues and root causes of poverty. There are many women marginalized in society but really desire to improve their lives and the lives of their family members. They need health education about the female anatomy, female reproduction and sexual education, not only for women also for men. They need prenatal care, birthing information and parenting classes. They need vitamins, more nutritious foods, hygienic materials and medications for variety of illnesses. Much of women in Himachal Pradesh is in need of basic services such as clean water and better sanitation.

Women need more high-quality nutrients when they are pregnant or nursing, however in some areas of Himachal Pradesh, women typically eat last and least. More than half of all Indian women develop anaemia due to lack of essential nutrients. This lack of nutrition is transferred to their children who have impaired physical and mental development. Women who are breastfeeding girls typically nurse the female child two months less than male children. New mothers also lack of access to adequate care during their pregnancies, during delivery and postnatal care.

IV. Conclusion & suggestions

The State is obliged to provide health services that are physically and economically accessible, available, adequate for early diagnosis and treatment as well as for prevention of diseases, appropriate with regard to rational treatment as well as cultural relevance, and accountable to the people. Services availability is in terms of human resources, drugs and other supplies, and infrastructure. Rationality in treatment is expected to be based on individual, group and epidemiological concerns. Also, the State is obliged to remove all impediments, including financial limitations and cultural restraints, in women's access to health care. Finally, the State is obliged to create an enabling environment wherein women can become healthy and stay healthy. The fulfilment of these obligations calls for a multi sectorial approach and coordinated efforts between Health and other related Departments and Ministries.

The Indian State is a signatory to various international human rights treaties and thus also obliged to fulfil the rights stated therein. It must prove that it was unable rather than unwilling to safeguard the rights of its people. Inability quoted on the basis of inadequate resources cannot stand forever, as progressive realization of rights is the obligation of every State.

Therefore, our demands from the Government with respect to its State obligations to protect, promote and fulfil the health rights of women are:

- To include Right to Health in the Fundamental Rights of the Indian Constitution and provide mechanisms for redress in case of violation or non-fulfilment of this right.
- To respect the specific needs of different groups of women and to ensure that health rights are enjoyed by all women within the jurisdiction of the country.
- To enable and ensure easy access for women to enjoy all their rights including health rights and to remove all impediments.
- To refrain from interfering directly or indirectly with women's rights, and also to prevent third parties from doing so.
- To adopt appropriate legislative, administrative, budgetary, judicial, promotional and Other measures towards full realisation of health rights

- To ensure non-discrimination and achievement of substantive equality (of access, opportunity and result); to prohibit violations even in the name of religion or culture.
- To guarantee comprehensive quality health services that are accessible, accountable and universally available irrespective of people's capacity to pay.
- To exercise due diligence in prosecuting and punishing the perpetrators of violence against women and in adequately compensating the survivors, as deterrence of violence lies in the surety and not in the severity of punishment.
- To make non-State actors (family, community, employers, private and trans-national corporations, etc.) answerable to non-fulfilment and violation of rights.
- To provide maximum available human and financial resources towards the realisation of women's health rights.

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