

Impact of Women's Education on their Health Conditions - An Overview

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Abstract

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Education is considered to be vital element for all encompassing development of human beings. Education facilitates the process of overcoming the barriers of ignorance so that people may get access to resources for upliftment of their life. The high health returns to investing in the education of women are undeniable. Well-educated individuals experience better health care services. There is a strong correlation between education of women and their robust health. Right from the beginning of family planning to taking care of their new born babies and their own health, the role of education cannot be ignored. The educated mothers are more well equipped with skills in taking advantage of modern medicine and adhere to treatment protocols than illiterate women. It can modify women's perspective towards disease causation and childcare practices. Girl's education is very essential for strengthening maternal health.

This Paper seeks to highlight various strategies of education of women in strengthening their health conditions.

Introduction

The WHO constitution defines health as "a state of physical, mental and social well-being and not merely the absence of disease or infirmity." Many organizations are now adding to this definition a fourth dimension of health, i.e. spiritual well-being (<https://www.bic.org/statements/greatness-which-might-be-theirs-primary-health-care-and-empowerment-women>). Health is not merely the

absence of disease rather, good health means a person free from illness and the ability to realize one's potential (Martens, 1995).

The international declaration summarized not only new concepts of health emerging from states, but also introduced a more holistic concept of health, encompassing social as well as physical health (Engel, 1977 and Feinstein et. al, 2006).

The WHO constitution states, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition." A major obstacle to enjoying the right to health is being born female. Women's health is one of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole (Panchani, 2014).

Factors affecting Health of Women:

Biological and social factors affecting women's health throughout their lives have cumulative effects. Although women play an important role for the wellbeing of the family and society, they are relegated to a secondary position because of the traditional practices still prevalent in India. Here in many families, the health of women and girls is given less importance than that of men and boys. Poverty, inequality and discrimination also affect their health in many ways. A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, domestic violence, migration among others (<https://amexpharmacy.com/womens-health-has-never-been-more-important/>).

Poor health has repercussions not only for women but also for 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's economic well-being, as a woman in poor health will be less productive in the labor 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 (Kamalapur and Reddy, 2013).

It has been suggested that the health and nutritional status of Indian women are becoming worse due to the prevailing cultural and traditional practices in India. Indian women are generally vulnerable to poor nutrition, especially during pregnancy and lactation. It has been pointed out that the impact of nutritional status of the mother is more pervasive than the impact of other factors on birth weight (Dharmalingam, 2010 and Kowsalya & Manoharan, 2017). It has been observed that the dietary intake of rural pregnant women was lower than born to mothers with under nutrition and poor health. The incidence of anemia was found to be the highest among lactating women followed by pregnant women and adolescent girls. Pregnant adolescent girls, especially who are underweight, are at greater risk of various complications such as obstructed labour and other obstetric complications (Ghosh-Jerath, 2015). Unawareness on health care during pregnancy thus results in negative outcomes for both the mother and the child (Yazdkhasti, et al, 2015 and Kowsalya & Manoharan, 2017). Right and proper education to the mothers had a significant influence on their nutritional status and their health. The definitive steps should be taken to educate women about the importance of health care for ensuring healthy pregnancies and safe childbirths.

Impact of Education on Health:

In considering the determinants of health, it is important to realize that poor physical circumstances are not the only factors harmful to health. Lack of education, for example, can lead to reduced ability to use health-related information. Thus, education is an important determinant of health status in both the developed and developing world. The high health returns to investing in the education of women are indispensable (Feldman et.al., 1989). Well educated individuals experience better health than the poorly educated, as indicated by high levels of self-reported health and physical functioning and low levels of morbidity, mortality, and disability. In contrast, low educational attainment is associated with "high rates of infectious disease,

many chronic non-infectious diseases, self-reported poor health, shorter survival when sick, and shorter life expectancy (Feldman et.al., 1989 and <http://www.uniteforsight.org/women-children-course/health-promotion-women-children>).

Many women are marginalized in society but really desire to improve their lives and the lives of their family members. They need education about the female anatomy, female reproduction and sexual education, not only for women but also for men. They need prenatal care, birth information and parenting classes. They need vitamins, more nutritious food, hygienic materials and medications for a variety of illnesses. Much of rural Indian women are in need of basic services such as clean water and better sanitation. Lasting impact can be realized by working with the local and state government on sanitation, health education and delivery systems. There is an opportunity to work with stakeholders to design a health care system that reaches the most vulnerable sections of the society (Fathalla, 1993).

Education and Health- A Holistic Concept:

Education does not act on health in isolation from other factors. Income is another very important factor that interacts in many important ways with education as influences on health. This makes it hard to assess their independent effects. However, empirical investigations often find that the effect of education on health is at least as great as the effect of income (Feinstein, et.al, 2006). Those with more years of schooling tend to have better health and well-being and healthier behavior. Education is an important mechanism for enhancing the health and well-being of individuals because it reduces the need for health care, the associated costs of dependence, lost earnings and human suffering. It also helps promote and sustain healthy lifestyle and positive choices, supporting and nurturing human development, human relationships and personal, family and community well-being (Feinstein, et. al., 2006).

School Health Curriculum:

Education in its many forms impacts on these environment and social relations, changing the nature of the contexts people inhabit and also enhance the resilience of individuals and other agencies to protect themselves against potential shocks to health (Feinstein et. al., 2006). School health education may be delivered in a variety of ways, with varying emphasis on biological, behavioral, and pedagogical concepts. Teachers and other health professionals must be prepared to address the complex social, developmental, and health-related issues that youth bring to the classroom. Continued effort should be made to maximize the learning of critical issues and concepts in child and adolescent health (<http://www.uniteforsight.org/women-children-course/health-promotion-women-children>).

In the developed world, school teachers are instructed in health education around several themes: 1) teach health pedagogy skills, 2) provide health information from the 10 traditional health content areas (community health; consumer health; environmental health; family health; mental health; injury prevention/safety; nutrition; personal health; diseases; and substance abuse), 3) examine the six adolescent risk behavior categories identified by the centers for disease control and prevention, and 4) describe the eight components of a coordinated school health program. More research must be conducted in order to identify the most effective health education strategies for students and mothers. (<http://www.uniteforsight.org/women-children-course/health-promotion-women-children>).

Health Concerns for Rural Women:

In India, a majority of the adolescents particularly rural girls are married, but still have limited access to information and services to respond to their health concerns, added to these to educate rural women possesses a challenge as they are often guided by cultural beliefs, parenting and family roles. Thus, in our country, the status of the girl child has been a subject of much

discussion, controversy and debate. While more and more families are beginning to value girls equal to boys, there are still over-whelming cultural and economic reasons why female children are not receiving the same medical, emotional and educational attention as their male counterparts (Ganiger, 2012).

Women and girls receive far less education than men due to social norms. Further, the primary education given to these people fail to meet their demands of social development. The continuity of changes in socio-cultural, psychological and cultural aspects of human living has influenced the role of women. The women's health issues have received tremendous attention in the planning circle, discussions and global platform (Ganiger, 2012). However, the existing lacuna in the formulation and execution of policies has not changed the health status of females to a greater extent due to lack of health education and awareness. Over the years, of course India has experienced epidemiological transition due to changes in disease patterns, improvements in the nutritional and health infrastructure, eradication and control of major killer diseases and socio-economic development. Yet, we still face the grim reality that ill health is one of the major causes for various problems faced by women in rural India still today (Ganiger, 2012).

Women's disproportionate poverty, low socioeconomic status, gender discrimination and reproductive role not only expose them to various diseases, but also their accesses to and use of health services (Sanneving et al., 2013). Domestic violence, rape, and sexual abuse against women affect their productivity, autonomy, quality of life, physical and mental well-being. A surprising report pointed out that women who lost male partner are often forced into prostitution to lead their life. Men transmit the infectious virus to women fourfold than women are to men. Women also acquire HIV infection when they receive blood transfusions to combat pregnancy-related anemia or hemorrhage (Schantz-Dunn, 2011 and Kowsalya & Manoharan, 2017). Sexual abuse during childhood enhances the mental depression and reproductive tract infections in later life,

which could often lead to female infertility. Gender discrimination (son preference) along with high dowry costs for their daughters, marriage, often results in the mistreatment of daughters. Bias in education and formal labor force participation as well as leading the life under the control of their fathers, husbands, and sons could exert a negative impact on the health concerns of Indian women. Though, globally women have increased life expectancy at birth, the systemic problems associated with Indian women's health takes a serious toll on their well-being (Namasivayam A., 2012 and Kowsalya & Manoharan, 2017).

Women's Health Concerns and their Helplessness:

The Indian government has, however taken necessary steps to alleviate the current gender discrimination. Unwanted and illegal pregnancies terminated by unsafe abortions could have negative consequences for women's health. Reducing fertility may often improve the overall health of Indian women (Omar SS, 2015 and Kowsalya & Manoharan, 2017). The torture and violence given to women by her husband and mother-in-law could also be a key factor for the negative impact on the health and mental status of the Indian women. Children born to mothers with low level of education suffer from nutritional disorders twice fold than mothers with higher education (Khadilkar, 2016 and Kowsalya & Manoharan, 2017). Baby born to malnourished women faces multiple complications, including cognitive impairments, short stature, lower resistance to infections, and a higher risk of disease and death throughout their lives. Women may be constrained by household and domestic tasks or cultural norms which prevent them from travelling long distances to obtain medical care. In some countries, it is required that women and men be treated separately. Women may also be pressured to become pregnant to replace the depleted population. Women and girls are often physically more susceptible to illness than men owing to their sexual and reproductive functions. Women are more prone to nutritional deficiencies than men due to the fact of women's reproductive

system, low social status, poverty and lack of education (Raj et.al, 2015). Around 80 percent of the Indian pregnant women suffer from iron deficiency i.e. anemia. Nutritional deficiencies, including iron and iodine deficiencies and low intake of essential nutrients could enhance the chances of having a low birth-weight infant, as well as impaired fetal development in pregnant women. Low intake of nutrition during girls' childhood may cause stunted growth, which in turn leads to higher risks of complications during and following childbirth (Dharmalingam, 2010). Mental impairments impede physical development, and harm school performance is the common consequences of iodine deficiency among adolescent girls (Rao et al, 2010 and Kowsalya & Manoharan, 2017).

Status of Health Education in India:

Health education in India is in its embryonic stage. Unhealthy people and family members are captive audience and tend to be receptive to public health messages. This can be fulfilled by health workers at clinics and during home visits who can inform clients about health. The setting of worksite based health education is non-existent in India and needs to be developed more. In addition to this, due to lack of information, women spend scarce resources seeking health care from expensive and exploitative private practitioners. Weakness of health education in India focus on only limited knowledge based intervention, inaccessibility to reach rural and vulnerable areas, lack of quality assurance, outdated training programs for health workers, lack of interest, inability to reach rural women etc. (Ganiger, 2012).

The immediate benefit and long-term impact of educating a girl is astonishing. Health improves. Economies grow. Societies are transformed. When girls are educated, their families, communities, and nations prosper. Educated girls are changing the world (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

Reasons to Support Girl's Education:

➤ **An educated girl can increase her income:** A girl with an extra year of education can earn 20 percent more income as an adult (World Bank Annual Report, 2011). More income means better nutrition and healthcare for her family. Living conditions improve. Income can be the impetus to get out from under the grinding cycle of poverty into a life with choices and opportunities (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **She marries later:** An educated girl breaks the cultural pattern of girls marrying as children. Girls with higher levels of education are also less likely to have children at an early age (UNESCO, 2013). Marrying later means she won't be a child herself when she becomes a mother (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **An educated mother has fewer children:** She has better knowledge about contraception as well as increased opportunities for employment. An educated mother provides better care of her children at home, thus increasing the value of her children's human capital and reducing the need for more children (IZA World of Labor, 2016 and <https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **Educated mothers are less likely to die during childbirth:** Educated women's knowledge about health care contributes to reduced maternal mortality rates during pregnancy, childbirth and the postpartum period. Increased education of girls also leads to more female health care providers to assist with prenatal medical care, labor and delivery and follow-up care. Skilled care before, during, and after childbirth can save the lives of women and newborns (WHO, 2019 and <https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **Her children are healthier:** The single biggest factor in reducing the mortality rate among children under five is more education for women (as reported in Scientific American, 2011). A literate mother has a 50 percent higher chance of her child surviving past the age of five (UNESCO, 2011). More education helps women make better decisions about prenatal care, basic hygiene, nutrition, and immunization, all of which contribute to healthier children (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **Children of an educated mother are less likely to be malnourished:** Malnutrition accounts for 45 percent of all deaths among children under five years worldwide (Lancet Report, 2013). An educated mother is more likely to feed her children healthy food, to know the signs of malnourishment, and to take action if she suspects a problem. Adequate nutrition in the young child contributes to normal brain and physical development and overall better health and well-being (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **She invests in future generations and her community:** An educated woman invests nearly all (90 percent) of her income into her family and community (Phil Borges, Women Empowered: Inspiring Change in the Emerging World, 2007). Her knowledge influences how she raises her children and impacts her role in the family and the community. An educated mother is more than twice as likely to send her children to school (UNICEF, 2010) thus continuing the cycle of education and establishing a precedent for the generations that follow (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **She experiences less discrimination:** Girls and young women who are educated have a greater awareness of their rights (Education First: An Initiative of the United Nations Secretary General, 2012). They are more likely to stand up for themselves in male-dominated cultures and to advocate for themselves and their children (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **She makes her own decisions:** Educated girls and women have greater confidence and freedom to make decisions that affect their lives (Education First: An Initiative of the United Nations Secretary General, 2012). They're better equipped to challenge the cultural imperative that women belong in the home, raising children and doing the household chores. Education empowers young women to think beyond the cultural norms and pursue their dreams of a better life (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

➤ **She is safer:** Education protects women from abuse (Atlantic Monthly, May 15, 2014). Extremists hate smart girls because smart girls are less likely to be kept down. Girls' schooling has a protective effect against domestic violence, rape, and child marriage. Each additional year of schooling is associated with a 1 percent increase in a female's ability to refuse sex with her partner. Women with some or completed secondary education have an 11 and 36 percent lower risk of violence, respectively, compared with women with no education (World Bank report, 2014). Educated women are more likely to work outside the home, avoid isolation, and earn income, all of which lessen their vulnerability to domestic and physical abuse (<https://centralasiainstitute.org/top-10-reasons-to-support-girls-education/>).

Strategies to improve Health and Survival Outcomes of Women:

Three strategies have been outlined which focus on improving access and quality of healthcare and awareness amongst women. Each of these solutions has been discussed through approaches and cases below.

1. Tele-medicine/Tele-health: It is answering patients' needs using remote technology. Telemedicine is rapid access to remote medical expertise through telecommunication and information technology. It reduces the cost of service delivery and improves healthcare access. Owing to the shortage of doctors and hospitals in rural areas, telemedicine solutions have become

an attractive option. Telemedicine allows patients to have direct interaction with specialist doctors, which may be situated in far-off locations. With increasing internet penetration, telemedicine can be leveraged to increase health access. Telemedicine is a fast-emerging sector in India. Several major hospitals have adopted telemedicine services and entered into public-private partnerships (PPPs). Women in rural areas are mostly using these telemedicine facilities for their health care as it is readily accessible to them ([Dasgupta and Deb, 2008](#)).

2. Digital health system/e-health: Digital health services are the technological oriented health services provided through various online platforms. These services can be tracked through mobile applications and its part of digital India program. For example, the Vaccine Tracker mobile application support parents in tracking immunization status of their children and helps them in ensuring complete and timely vaccination. The India Fights Dengue mobile application provides interactive information on identification of symptoms of dengue and links users to nearest hospitals and blood banks. The Swasth Bharat (Health India) mobile application provides detailed information on healthy lifestyle, disease conditions and their symptoms, treatment options, first aid and public health alerts. Through our Kilkari mobile app initiative, we are sending audio messages about pregnancy, child birth and child care directly to families and parents. The mHealth initiatives include National Health Portal, Online Registration System, E-Rakt Kosh, ANM Online (ANMOL), telemedicine projects (in remote & inaccessible areas), Tobacco cessation programme and leveraging mobile phones for reaching patients of tuberculosis. Soon, the ministry will launch the stress management app. All these programs have helped women in remote villages and rural India with smart phones to access these facilities (<https://health.economictimes.indiatimes.com/news/health-it/india-to-become-the-world-leader-in-digital-health/55154100>).

3. Mobile health clinics and medical vans: In the past, mobile medical units comprised makeshift medical camps under a tree, on the outskirts of villages. Generally, a mobile medical unit was equipped with a doctor, a nurse, and a helper, who were trained to recognize symptoms of health related ailments, conduct basic diagnosis of common diseases, prescribe medication and referrals to specialized clinics in case of further medical complications. Using this model, mobile healthcare services are able to cover four to five villages in a single day. However, with advancements in technology, mobile medical units evolved into mobile medical vans, which work with greater speed and efficiency. With the availability of these vans, raising awareness, ensuring preventive vaccination and encouraging regular medical check-ups among the rural population became a possibility. Regardless of the difficult terrain, low connectivity or institutional barriers, medical care can be made available to people across socio-economic groups with minimum expenditure and relatively lesser operations and management responsibilities, as compared to those required by fully functional hospitals. These facilities too have helped in creating awareness among women to take benefit of these available facilities (<https://www.zhl.org.in/services/mobile-medical-units/>).

4. Community health care services: Community based health measures are extremely varied, as they depend on the particular nature of the community to which they are applied. Community-based health care is for people of all ages who need health care assistance at home. Community care services include home support, nursing, physiotherapy and other rehabilitation services. Community-based health includes public health centers, public health nurses, local resident groups, and livelihood extension workers. Community health should be tackled in an integrated manner, where a variety of players and a variety of measures work together based on the particular characteristics of the community in question (<https://amexpharmacy.com/womens-health-has-never-been-more-important/>).

The slogan, “Healthy Women, Healthy World” embodies the fact that as custodians of family health, women play a critical role in maintaining the health and well-being of their communities. It is the duty of all concerned to provide good health care to women (<https://unesdoc.unesco.org/ark:/48223/pf0000221383>).

5. NGO and Corporate intervention: The National Health Policy lists partnerships with NGOs as an important, viable strategy for improvement in healthcare services of women in far-fetched areas. The government must partner with civil society on issues of policy formulation, planning, implementation, monitoring and evaluation, training and research. Under the partnership, both partners are equal stakeholders and collaborate equally on all aspects of a program. There are many NGOs and corporate sectors working in the field of healthcare. They either work directly with target groups or create advocacy for reforms in healthcare. Health-related challenges continue. Improving women’s health requires a strong and sustained commitment by government, NGOs, CSR and family, a favorable policy environment and well-targeted resources. All these together work to fulfill a goal and eradicate the problems and challenges associated with women’s health (<https://unesdoc.unesco.org/ark:/48223/pf0000221383>).

Conclusion

Health is a 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 (Ganiger, 2012 and Kamalpur & Reddy, 2013).

While education has been credited as the center piece for human resources, here lays the duty of the various health workers to work in co-ordination with folk-media, enhancing the participation of religious leaders, traditional healers and other health workers to work in co-ordination with the rural masses so as to strengthen the health status of women in rural India. Thus, if rural women are given appropriate information and access to health care facilities, they will be equipped to take care of themselves, families and communities at large. Through the usage of cultural competency, we can educate the rural women in a more effective way. Sociologists, social workers and health workers should be aware of the cultural patterns of people among whom they are working because cultural factors are involved in all aspects of women's health, which in turn, affects the family and society. If we fail to acknowledge the influence of culture on the work we do, we limit our ability to interact with and help families and children. Even worse, culturally incompetent practice can actually hurt the clients (Ganiger, 2012).

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