Abstract

"Health Status of India's Population: A Gender Approach"

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Background: Quantity and Quality are the two important dimensions of human population in any country. In general, all the countries are committed to improving quality of population, a better welfare standard measure. Among many, mortality indictors could serve as a measurement of quality of population. An incidence of morbidity and mortality may be high or low referring to better and poor health condition of the population respectively. Mortality differentials are associated with the differences in socio-economic conditions of the population. Data show gender gap in morbidity and mortality rates indicating differentials in health condition between males and females. A trend being commonly observed is that females are at advantage position with respect to certain mortality indicators. In India, mortality rates for females are comparatively low and the gender gap seems to be narrowing down, indicating a gain in life expectancy of females. Under this circumstance, this paper intent to analyse a gender difference in health status of India's population, the changes that are taking place in gender gap and to estimate the future prospects in the context of high prevalence of HIV infection in India.

Methods and Materials: The primary data sources are Indian Censuses. Supplementary sources include vital registration system, sample registration system, some mortality reports, life tables prepared by World Health Organisation, etc. Some mortality indicators that are used in this paper include crude death rate, life expectancy of population, infant mortality rate, An appropriate statistical model is to be used to estimate the future prospects of mortality indicators to assess the expected changes in health condition of the population. Life table is to be constructed taking into account incidence of HIV infection for males and females.

Results and Discussion: Data show that crude death rate for females declined from 43.6 per 1000 population in 1901 to 8.1 in 2001 and for males from 42.9 to 8.9. Life expectancy has substantially increased over a period of time for both sexes, indicating poor health conditions for both males and females in the past and improving health over a period of time. Gender gap is narrowing down resulting from declining mortality rates for females. An attempt is made to project crude death rate, life expectancy of population, infant mortality rate, using appropriate estimation techniques. Of course, females continue to gain life expectancy that will increase over males in the years to come. An analysis of age specific death rates clearly explains the most disadvantageous position for women particularly in the age groups 0-1, 1-4, 15-19 and 20-24 due to high infant and child mortality and maternal mortality in the beginning reproductive age groups. Safe motherhood practice is expected to reduce maternal mortality in the reproductive age groups and therefore women will get life expectancy gain during these age groups also. Under such a circumstance, practice of female infanticide in many parts of the country poses an obstacle to continuing process of mortality decline. Similarly, an emergence of new epidemic disease like HIV infection may reduce the life expectancy for females who are likely to have more HIV risk. Not only

themselves being affected, mothers are easily transmitting HIV infection to their infants and children through breast feeding. Today, a serious concern is the problem of orphanage of children caused by death of HIV infected mothers. A considerable number of deaths among children is also reported due to HIV transmission from mothers to children. An attempt will be made to estimate life expectancy for females and males in future in the context of incidence of HIV infection, using life table constructed on the basis of HIV infection.

Conclusions and Policy Implication: Health condition of India's population has been improving and females are at advantageous position in terms of certain mortality indicators. Gender gap is narrowing down resulting from mortality decline for females and life expectancy is expected to increase over the rate for males. Therefore India could join with other developed countries so as to achieve gender equity in health status. According to the Office of the Registrar General, the estimated life expectancy for males and females would be 67.0 years and 69.2 during 2011-2016 respectively. Besides a serious concern about maternal mortality, high prevalence of HIV infection among females and easy transmission of this virus from mothers to children will lead to an incidence of orphanage of children and child mortality. Will there be possible to see mortality shift in case of females?. In conclusion, this study is expected to suggest designing better health care management system aimed at improving maternal health care and knowledge about the prevention of HIV infection.

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