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Socio-Demographic and Health Status of Women in Nepal

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M. Phil.

Abstract

Health is the primary responsibility of the government of every nation. A country with healthy citizens achieves success in the socio-economic development of the nation. The development of the nation does not mean the development of one class but the development of all classes. This study, tries to describe the socio-demographic and health status of women in Nepal. This study is completely based on secondary data sources and the data has been taken from various reports. The sex ratio of Nepal according to preliminary reports of census 2021 is 96. Currently literacy rate of women is 57 percent. Still, the practice of early marriage of women is culturally rooted in Nepal. Women get married earlier than men. Around 16 percent of women have children before the age of 20 years. Similarly, 17 percent of women are underweight and 22 percent are overweight. This indicates the problem of malnutrition is a serious problem in Nepal. Iron deficiency or anemia is a serious health problem for women in Nepal. The Nepal demographic and health survey 2016 has shown that 41 percent of women aged 15-49 years are anemic. Approximately 6 percent of pregnant women do not receive antenatal care, and 41percent give birth at home, which can be dangerous for both the mother and the child. Women's participation is essential for overall development. The government should pay attention to the development of the country by improving the overall health condition of women and coordinating every aspect of development.

Keywords: Women's health, nutrition, anemia, marriage, & teenage childbearing.

Introduction

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress. Healthy citizens live longer, are more productive and can save more. Health is a resource for everyday life, not the objective of living. It is a positive concept. The World Health Organization defines health as a state of complete physical, mental, and social well-being, rather than simply the absence of diseases and infirmities (World Health Organization, 1948). Many factors influence health status and

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a country's ability to provide quality health services for its people. Gender inequality and gender norms and expectations continue to exert a strong influence on the health conditions affecting women and men.

Women and men share many similar health challenges. The differences are such that the health of women deserves particular attention because women face greater difficulties in getting the health care they need. Furthermore, gender-based inequalities in education, income, and employment limit the ability of women to protect their health and achieve optimal health status. (WHO, 2009). A woman's health reflects both her individual biology and her sociocultural, economic, and physical environment. These factors affect both the duration and the quality of her life. That's why it is an important point that paying due attention to the health of girls and women today is an investment not just for the present but also for future generations. This implies addressing the underlying social and economic determinants of women's health, including education, which directly benefits women and is important for the survival, growth, and development of their children (AbouZahr, 2013).

The International Conference on Population and Development (1994) was particularly focused on women's reproductive health and rights. The Beijing Platform for Action has proposed actions toward five strategic objectives for women's health. Similarly, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) have committed to take appropriate measures to eliminate discrimination against women in health care. The Millennium Development Goals (MDGs) adopted in 2000 addressed women's health in two of the eight goals. Where MDG5 focused on improving maternal health by reducing by three quarters, between 1990 and 2015, the maternal mortality ratio, MDG6 focused on combating HIV/AIDS, malaria and other diseases (www.un.org). The first five goals of the sustainable development goal have also focused on women's issues like hunger, food security, healthy life, education, and equality are linked to women's health (Government of Nepal, 2017).

Although the issue of women's health has been strongly mentioned in the constitutional policies and programs of various countries, the overall health status of women is poorer compared to men. As a result, the health of women and girls is of particular concern because, in many societies, women and girls face discrimination based on sociocultural factors. Some sociocultural factors can prevent women and girls from benefiting from quality health services and attaining the best possible level of health, such as unequal power relationships between men and women; social norms that decrease education and paid employment opportunities; an exclusive focus on women's reproductive roles (WHO, n. d).

The constitution of the World Health Organization in 1948 mentioned health as a fundamental human right. The WHO states that enjoying the highest attainable level of health is the fundamental right of every person, regardless of caste, religion, or political belief. Similarly, the Constitution of Nepal 2072 has also considered the rights of women as the right to receive special opportunities based on positive discrimination in education, health, employment, and social security (MoHP, 2072). So that, there are differences in the health status of women in different countries and in different reasons within the country.

The report of the World Health Organization (2019) revealed that worldwide, women live an average of four years longer than men. In 35 countries, women's life expectancy at birth has been more than 80 years, and only 58 years in the African region. Similarly, approximately 287,000 maternal deaths occur in developing countries every year (WHO, 2019). In the discussion series on India, Germain (2003) said that people living with HIV/AIDS in India are more likely to be close to 10 million, and already 40 percent of these are female. Most of them are girls and young women. According to a study conducted by Amatya et al (2018), women are still dying as a result of traditional harmful practices such as Chaupadi (menstrual hut) and that approximately 41 percent of women marry before the legal age, further increasing the rate of teenage pregnancy and maternal mortality in Nepal. (Amatya et al., 2018). Even though there are strong policies on paper, the lack of education, infrastructure, commitment, and a strong political will to implement the policy is what is perpetuating these magnitudes. As a result, there is an adverse effect on the overall health of women in Nepal.

Studies shows that women's health conditions are determined by social, economic, and environmental factors as well as other important factors such as poverty, education, and employment. In this study, various factors that determine the health status of women in Nepal, such as marriage age, education, fertility, and family planning, as well as utilization of maternal health services, have been discussed.

Objectives

Women's health problems are very different from men's. Their health is determined by various factors. The main objective of this study is to find out the socio-demographic status of women and to analyze the health status of women in Nepal.

Methods

This study has been based on secondary data sources. Data and information have been carried out by different reports. The preliminary report of census 2078, the Nepal demographic and health survey reports, the Nepal multiple indicator cluster survey report, the annual report of the department of health service and other data sources have

been used for the study. Similarly, health statistics have been collected from different e-resources. Various reports reveal that females generally live longer than males. It does not mean that women are healthier and stronger than men. This study has tried to find out the overall health situation of women in Nepal.

Data and Discussion

Demographic and Socio Economic Status of Women in Nepal

In this section, the social, economic, and demographic conditions of Nepalese women is discussed. Because, to some extent, these factors determine the condition of a woman's health. Nepal is a predominantly patriarchal country where women are generally subordinate to men. Men are considered to be the leaders of the family and were superior to women. Demographically, there are more women than men in Nepal, where women constitute 51.04 percent of the total population and men 49.96 percent. The recent census of 2078 also showed a sex ratio of 95.91 in Nepal, which means that there are more women than men in Nepal (CBS, 2022). According to the prevailing patriarchal thinking in society, although the number of women is greater than men, they are far behind in every field of socio-economic and health which makes women are vulnerable in every aspect of development. Some are discussed as follows:

Table 1: Distribution of sex ratio in Nepal, 1981-2021

Census Years	Sex Ratios
1961	97.05
1971	101.37
1981	105.0
1991	99.5
2001	99.8
2011	94.44
2021	95.91

Source: Preliminary Report of Census, 2022

According to table 1, sex ratio seems that the proportion of women is higher than that of men in Nepal. Especially as men go to different countries for foreign employment, that is why the number of women in Nepal is greater than men. The 2011 census explained 1.9 lakh people as an absentee population, while the 2021 census has reported about 21 lakh people as an absentee population (CBS, 2014). Various studies have shown that many women live with their in-laws when their husbands are abroad and that they do not have

the right to make decisions on their health as well as the economic sector. As a result, women's health may be at risk.

Marriage Practice of Women in Nepal

Marriage is a social phenomenon. It is the legal union of two opposite sexes. Age at marriage is a determinant factor of women's health. Early marriage poses the risk of having early childbearing, which can also be a health hazard for women. There is negative correlation between age of marriage and women health, early marriage can have a negative impact on a woman's socioeconomic as well as health status.

Table 2: Distribution of age at marriage in Nepal, 1961-2011

Years	Male	Female	Difference age at marriage
1961	19.5	15.4	4.1
1971	20.8	16.8	4.0
1981	20.7	17.2	3.5
1991	21.4	18.1	3.3
2001	22.9	19.5	3.4
2011	23.8	20.6	3.2

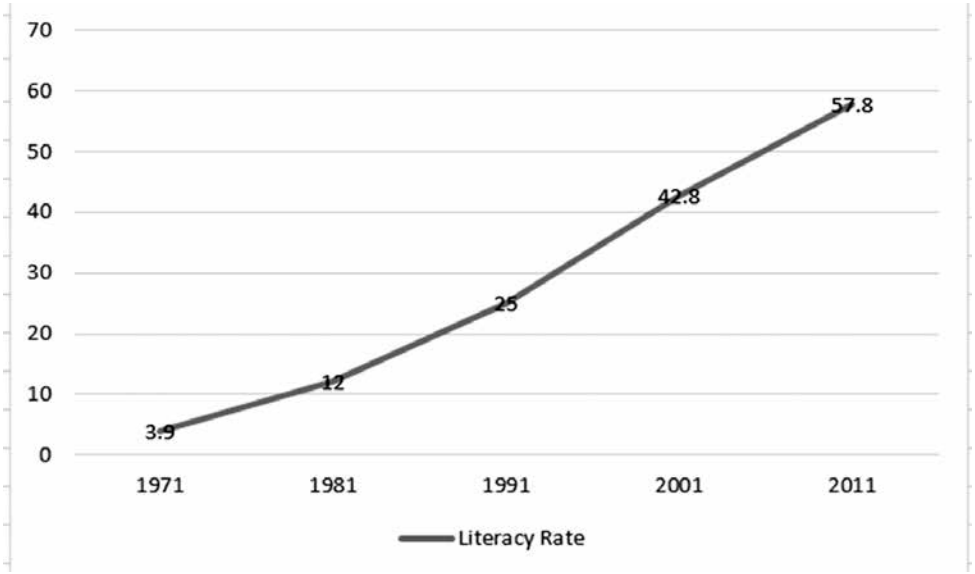
Source: CBS, 2014

Table 2 shows the age at marriage of men and women in different census years. Data shows that the age at marriage for both males and females has gradually increased over time from 15.4 years in 1961 to 20.6 years in 2011. However, women's age at marriage is lower than men's. The data seems to suggest that there is a trend of women marrying at a younger age than the legal provisions (20 years) in Nepal (Nepali law, 2021). The prevalence of early marriage of women directly affects women's early childbearing and women's reproductive health outcomes. Young mothers are more susceptible to anemia. Preventing early marriage can reduce the maternal mortality, infant mortality as well as maternal morbidity.

Educational Status of Women in Nepal

Education is an important indicator of overall development and an important determinant factor of women's overall health condition as well. People with more education tend to have better health than those with less education. It is a fact that investing in women's education yields high health returns. The health of the entire family, society, and country improves as women's educational status. Therefore, it would appear that government spending on women's education is necessary.

Fig.1: Percentege distribution of women leteracy rate in Nepal, 1971-2011



Source: CBS, 2014

Figure 1 shows the literacy rate of women in different census years. The data shows that there has been a significant increase in the female literacy rate compared to last year. In 2011, women were 11 percent less literate than men, with male literacy at 75.2 percent and female literacy at 57.4 percent. However, compared to the previous census decade, the gap in literacy rate has been decreasing during the period 2001-2011.

Teenage Childbearing (Adolescent Fertility) of Women in Nepal

Childbearing at a young age exposes teenage women to unnecessary health risks. They are twice as likely to die compared to women who are less than 20 years to have children (PRB, 2013). Similarly, on the one hand, childbearing at a young age deprives women of the opportunity to get an education and also limits employment opportunities, which forces women to live in poverty. On the other hand, giving birth at a young age may put the health of the mother and child at risk, as well as increase infant and maternal mortality and morbidity.

Table 3: Percentage distribution of teenage childbearing in Nepal, 1996-2016

Years	Percent
1996	24.0

2001	21.4
2006	18.5
2011	16.7
2016	16.7

Source: Nepal Demographic and Health Survey Report, 2016

Table 3 shows that the teenage child bearing has declined in Nepal over time. Between 1996 and 2016, the percentage of teenage childbearing has decreased to 24 to 16.7 percent. However, data seems to still high teenage childbearing in Nepal. It is considered very risk from the point of view of women's health. According to a study by Velasco (1982), women who give birth before the age of 20 have a higher risk of dying and suffering future morbidities, such as preterm delivery hemorrhage, protracted, painful labor, severe anemia, and disability.

Health Status of Women in Nepal

Nutritional status of women

Women's nutritional status is crucial both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. (MoHP, 2001). Early-life malnutrition in females impairs their learning ability, can increase hazards to maternal and reproductive health, and lowers productivity. In terms of land, education, information, credit, technology, and decision-making forums, women have limited access (Oniang'o & Mukudi, 2002). Women have the primary responsibility for child bearing and rearing. When they are involved in formal employment, they earn less remuneration than their male partners, even when they possess the same skills. In addition to having the triple burden of productive, reproductive, and social roles, women typically have less time to respond to their own needs and their health.

Table 4: Trends in women's nutritional status, 2006-2016

Years	Thin (BMI <18.5, underweight)	Overweight/obese
2006	24	9
2011	18	13
2016	17	22

Source: Report of NDHS, 2016

Table 4 shows the nutritional status of women aged 15–49. Between 2006 and 2011, the proportion of thin women (BMI less than 18.5, which indicates under nutrition) decreased

from 24 percent to 18 percent, but thereafter remained steady at 17 percent through 2016. In contrast, the proportion of women who are overweight or obese, indicating over nutrition, increased from 9 percent in 2006 to 13 percent in 2011 and 22 percent in 2016. Therefore, when measuring a woman's BMI, over nutrition (obesity) and under nutrition (malnutrition) are viewed negatively from a women's health perspective, because the probability of such women giving birth to malnourished children is also high in the future.

Anemia Prevalence in Women

Anemia occurs when there are not enough healthy red blood cells to carry oxygen to the body's organs. Iron deficiency anemia is the most common cause of anemia worldwide. It is a major concern among women, which leads to increased maternal morbidity and mortality and poor birth outcomes, as well as reductions in work productivity (MoHP, 2017). According to the World Health Organization, 40 percent of pregnant women worldwide are anamic. The trend of anemia in Nepal is presented as follows:

Table 5: Prevalence of anemia among women of reproductive age

Years	Percent
2006	36
2011	35
2016	41

Source: Reports of NDHS, 2016

Table 5 shows the anemia prevalence rate of women in different survey years. Data has revealed that from 2006 to 2011, the prevalence of anemia in women was nearly constant at around 35 percent, but it has increased over the last five years, rising from 35 percent in 2011 to 41 percent in 2016. The main reason for the increase in the rate of anemia among pregnant women and non-pregnant women in Nepal may be low nutrition. Due to awareness, the amount of nutrition in the body may be reduced even if the food is not properly eaten. That may lead to anemia.

Reproductive Health Status of Women in Nepal

Utilization of maternal health

Health of women during pregnancy, childbirth, and the post-delivery period is referred to as maternal health. Worldwide about 295000 women has died during the period of pregnancy and childbirth in 2017(WHO, 2019). Majority of them belong to low income countries. Most maternal deaths can be prevented with timely management by a skilled health professional working in a supportive environment. In Nepal, The National Safe

Motherhood Program is a priority area for the government of Nepal to improve maternal and neonatal health (MoHP, 2017).

The maternal mortality ratio is an indicator of the effectiveness of maternal health programs. Nepal has achieved significant progress in maternal health by showing a decrease in maternal mortality. Along with prioritizing Nepal's safe motherhood and newborn health programs, it has become possible to reduce maternal mortality in Nepal due to other socio-economic and political progress (MoHP, 2017).

Table 6: Trend of antenatal care visit during the pregnancy in Nepal

Number of visit and stage of pregnancy	1996	2001	2006	2011	2016
None	55.7	50.9	26.2	15.2	5.9
1	10.7	7.8	8.5	6.1	3.5
2-3	22.1	26.8	35.8	28.6	21,2
4^{+}	8.8	14.3	29.4	50.1	69.4

Source: NDHS 1996, 2001, 2006, 2011 and 2016

Anti Natal Care (ANC) may be more effective in preventing adverse pregnancy outcomes that may occur from early pregnancy to delivery. According to government guidelines, women should visit an ANC at least four times during their pregnancy. Table 6 presents the number of ANC visits by women during the last stage of pregnancy in Nepal. The data reveals that the trend of ANC visits seems to be at increasing levels (8.8%) in 1996 and (69.4 %) in 2016. However, for several reasons, the number of women who visit the ANC only once or twice in Nepal can be found in a significant number. Despite this, approximately 6 percent of pregnant women do not attend ANC.

Delivery care

The National Safe Motherhood Program encourages women to deliver at facilities under the care of skilled health provider when it is feasible and ensures that facilities are upgraded and providers are trained to manage complications (MoHP, 2012). Nepal is promoting safe motherhood through initiatives such as providing free delivery care and transportation incentive schemes to women delivering in a health facility. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother and the baby. Increasing the percentage of births delivered in health facilities is important for reducing deaths arising from complications of pregnancy.

Table 7: Percent distribution of live births in the five years preceding the survey by place of delivery, Nepal

Year	Home delivery	Institutional delivery	Others
1996	91.7	7.6	0.8
2001	88.9	9.1	2.0
2006	80.1	16.1	1.3
2011	63.1	35.2	1.6
2016	41.4	57.3	1.2

Source: NDHS 1996, 200, 2006, 2011 and 2016

Table 7 presents the place of delivery of birth in five years preceding the survey. Data reveals that institutional delivery is increasing from (7.6%) in 1996 to (57.3%) in 2016. However, for several reasons, such as not being necessary to deliver in a health facility, birth taking place before reaching the facility, the facility being too far away, or not having transportation, women are not delivered at the institution, as a result 41 percent women as given birth at home. As result 41 percent of women has given birth at home. Institutional delivery is considered as safest from any maternal risk. Therefore, women should still be encouraged to give birth in health institutions.

Discussion

The health of women and girls is a matter of special concern in every country, society, and family because, in many societies, women are disadvantaged by discrimination inherent in various socio-cultural factors. Various factors, such as education, marriage age, early childbearing practice, utilization of maternal health care, etc., can directly or indirectly determine the health of women.

A study conducted by Yumusak (2015) showed that women's literacy has a significant impact on family, health, and even nutrition levels. Similarly, with the increase in women's education, women can participate in the decision-making process at the highest levels of society. The Nepal demographic and health survey showed that the nutritional status of women by their educational status. Women with no education are 18.6 percent thinner (BMI less than 18.5) than women in SLC and above, who are 14.5 percent thinner (BMI less than 18.5). Similarly, non-educated women have high anemia (41.6%) compared with SLC and those with higher education have low anemia (39 %). The age of marriage plays a significant role in determining women's health. Early marriage tends to have a negative impact on women's health and well-being. A number of studies have found a

negative correlation between early marriage and health.

Prakash et al. (2015) argued that women who marry young are likely to have poor physical health outcomes and poor nutritional status in their children, as well as higher rates of infant mortality. Furthermore, early marriage is associated with poorer sexual and reproductive health and experiencing a higher risk of early pregnancy. A case study of child marriage as a health problem in Nepal by Perczynska (n.d) found that uterine prolapse is the main health problem among women who marry at an early age and give birth at an early age. Due to which they are more likely to experience domestic and sexual violence in their marital household which makes them mentally and physically poor health condition. The utilization of maternal health has also affected women's health. In order to identify the various health problems that may occur during the pregnancy period. The government has made a protocol to examine the pregnant woman at least four times during the pregnancy period. To reduce the risk of delivery, the government has encouraged women to deliver their babies in health institutions. Women can suffer from several health problems if they give birth at home without assistance from health personnel.

According to a study conducted by Moindi et al. (2015) on maternal health utilization in Kenya, 54 percent reported living far from a health facility, 32 percent reported being unable to get to a health facility due to the onset of labor, and 21 percent reported the high cost of health facilities. The report of the Nepal demography and health survey also revealed the reasons for not delivering in a health facility. Whereas 56.3 percent said it wasn't necessary, 18 percent said their child was born before they got to the hospital. Similarly, 17 percent said they were too far away from health care facilities, and 2 percent said it was too expensive. For several reasons, women cannot reach a health facility to give birth. As a result, the health of both mothers and children may be at risk which results increasing the rate of maternal death, infant mortality and morbidity in Nepal. Prevailing risks in women's health may pose a challenge to achieve Sustainable Development Goal (SDG) target 3.1 of reducing the global maternal mortality ratio (MMR) to less than 70 maternal deaths per 100,000 live births by 2030.

Conclusion

Nepal thrives in a patriarchal society. Despite the heated debate on gender equity and equality, women have not been provided equal opportunities in various socio-economic sectors. Although women have equal educational opportunities at the policy level, women's literacy rate is approximately 20 percent lower than men's. Similarly, compared to men, most of women have embraced the agricultural profession. The condition of malnutrition is higher in women (17.3% too thin) than in men (16% too thin). The average life expectancy of women is 2 to

3 years longer than that of men. Although, it seems women live longer than men, it does not imply that women are healthy. They live with a low health condition, their health is given low priority or neglected by the family and society making them mentally unhealthy and at risk of depression or anxiety. Not only in Nepal, is women's health the emerging issue in the South Asian region. For the economic and social development of the country, the female population must be healthy, thus making the whole family, society, and nation healthy. Therefore, the government should pay special attention to the health of women and girls.

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