

## **Feminization of Poverty: Effects on Women's Health**

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### **Abstract**

The feminization of poverty is a change in levels of poverty biased against women or female-headed households. Feminization of poverty forces women into a role where they earn less, and it leads women to a greater health risk. The objective of this research is to identify the effects of feminization of poverty on women's health. The result of the study finds malnutrition, anemia, sickness, maternal mortality, cervical cancer, high stress, anxiety, loss of self-esteem, lower level of satisfaction with social life, lower level of happiness, severe fatigue, & drug addiction are the major problems that poor women suffer more.

**Key Words:** Feminization of poverty, and Women's Health

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### **I. Introduction:**

The feminization of poverty is a change in levels of poverty biased against women or female-headed households. Gender inequalities are characterized as determinants of feminization of poverty. In 1978, Diana Pearce coined the term, "the feminization of poverty".

The recent decade is the witness to the feminization of poverty. In the last three decades, the proportion of poor families headed by women has grown to more than 50 percent. This feminization of poverty has affected African-American women more than any other group (Budlender, D., 2004).

Increases in unwanted births, separations, and divorces have forced growing numbers of women to head poor households. Meanwhile, increases in divorce, fathers avoiding child support coupled, and reductions in welfare support have forced many of these women-headed households to join the ranks of the underclass. Further, wives generally live longer than their husbands, and growing numbers of elderly women are living in poverty (Mason, B Jabon Dr., 1990).

Feminists also attribute the feminization of poverty to women's vulnerability brought about by the patriarchal, sexist, and gender-biased nature of Western society, which does not value protecting women's rights and wealth (Cohen, May 1994).

Malnutrition and maternal mortality are the major problems for poor women in Bangladesh (Khaleda, S., 1998). Violence against women is an old, patriarchal practice that focuses on establishing the balance of power in the family. The system of early marriage for girls is also a cause of violence against women (Chowdhury, I., A., 2012).

Poor infants are more likely to be irritable they are more likely to die before their first birthday. These children also have a much higher rate of accidents than do other children, and they are twice as likely to have impaired vision and hearing, iron deficiency anemia, and higher than normal levels of lead in the blood, which can impair brain function (Mason, B Jabon Dr., 1990).

Poor women have less access to health care when they need it. Lack of funds for transportation or child care or are in low-level jobs in which they cannot demand time off to visit the doctor (Chant, S., 2006).

Different Research has documented consistently that low income and low socioeconomic status are associated with high rates of mental disorders (Deborah, Belle, March 1999). Feminization of poverty has a severe impact on women's mental & psychological health. Economically disadvantaged women have high stress because of poor living conditions (Deborah, Belle, March 1999).

Poverty erodes intimate and other personal relationships. Men tend to externalize women's suffering through substance abuse and aggressive behavior. Women, in turn, suffer distress in the form of depression, anxiety, and nerves (Deborah, Belle, March 1999).

Poverty, domestic isolation, powerlessness, and patriarchal oppression are all associated with a higher prevalence of psychiatric morbidity in women (Patel Vikram & Kleinman, Arthur, Jan. 2003). There is a strong association between poverty & substance abuse. Unemployed women, particularly long-term unemployed, in poor or insecure housing, and early school leavers have a higher level of substance abuse than those who do not fit into this category ( Hussain, B., 2007).

The poor women experience major depression, posttraumatic stress disorder (PTSD), anxiety disorders, panic disorders, and agoraphobia, as well as serious mental illnesses higher than the general population (Deborah, Belle, March 1999).

**The objective of the study:**The objective of the study is to explore the effects of feminization of poverty on women's health.

## II. Research Methodology

The study is conducted in Sylhet City which is located on the northeast side of Bangladesh (BB, 1992). Data was collected by simple random survey (SRS) where the sample size is 170 households and data collected during from January 2022 to May 2022. The survey followed multi-stage procedures. Firstly Sylhet City Corporation is selected purposively because it is a booming economic and tourism region in Bangladesh (Hussain, 2007: 67-69). Secondly, chose Ward No: 10 of Sylhet City Corporation. Thirdly, 5241 households are found in this city ward. 5241 household heads are considered as the universe of the study.

$$n_0 = \frac{t^2 \times s^2}{d^2} \dots\dots\dots(\text{Bartlett et al. 2001:47})$$

$$= 1.96$$

$$n = \frac{n_0}{1+1/\text{total population}} \dots\dots\dots(\text{Bartlett et al. 2001:48})= 170$$

## III. Result and discussion:

### Background Characteristics of the Respondents:

Table 1 shows that 62% of respondents are female and 38% are male, a majority (65.5%) of them belong to 18-30 years, 26.5% are 30 to 40 years, 5% are 40 to 50 & 3% are above 50. Considering religion 87% are Muslim, 12.5% are Hindu & rest of the respondents are from other religious groups. 62.5% respondents are married & 37.5% are unmarried. Most of the respondents (44%) completed honors, 33% higher secondary, and 15% completed secondary. Among the respondents 33% are women, 24% are students, and 21% are businessmen.

**Table I: Background characteristics of the respondents**

Variables		Frequency	Percent
<b>Sex</b>	<b>Female</b>	<b>105</b>	<b>62</b>
	<b>Male</b>	<b>65</b>	<b>38</b>
<b>Age</b>	<b>18-30</b>	<b>111</b>	<b>65.5</b>
	<b>30-40</b>	<b>45</b>	<b>26.5</b>
	<b>40-50</b>	<b>9</b>	<b>5</b>
	<b>50+</b>	<b>5</b>	<b>3</b>
<b>Religion</b>	<b>Muslim</b>	<b>148</b>	<b>87</b>
	<b>Hindh</b>	<b>21</b>	<b>12.5</b>
	<b>Others</b>	<b>1</b>	<b>0.5</b>
<b>Marital status</b>	<b>Unmarried</b>	<b>64</b>	<b>37.5</b>
	<b>Married</b>	<b>106</b>	<b>62.5</b>
<b>Educational Qualification</b>	<b>Primary</b>	<b>11</b>	<b>6.5</b>
	<b>Secondary</b>	<b>25</b>	<b>14.5</b>
	<b>Higher Secondary</b>	<b>56</b>	<b>33</b>
	<b>Honors</b>	<b>75</b>	<b>44</b>
	<b>Masters</b>	<b>3</b>	<b>2</b>
<b>Profession</b>	<b>Business</b>	<b>36</b>	<b>21</b>
	<b>Doctor</b>	<b>3</b>	<b>1.5</b>

	<b>Driver</b>	<b>2</b>	<b>1</b>
	<b>Housewife</b>	<b>41</b>	<b>24</b>
	<b>Job</b>	<b>31</b>	<b>18</b>
	<b>Rickshaw Plaugher</b>	<b>1</b>	<b>0.5</b>
	<b>Student</b>	<b>51</b>	<b>30</b>
	<b>Teacher</b>	<b>5</b>	<b>3</b>
	<b>Unemployed</b>	<b>1</b>	<b>0.5</b>

**Impact of feminization of poverty on women's physical health**

**Respondents' opinions about Malnutrition**

Malnutrition is widespread in the developing world. Women suffer from malnutrition rather than the men. Gender discrimination in nutrition & health care appears in girls' vulnerability to malnutrition(Chant, S.,2006).Figure 1 shows that 23.5% of respondents opine that feminization of poverty has a massive impact on women's nutritional status and 40.5% of respondents shared it has more impact .Malnutrition and maternal mortality are the major problems for poor women in Bangladesh ( Khaleda, S., 1998). Violence against women is an old, patriarchal practice that focuses on establishing the balance of power in the family. The system of early marriage for girls is also a cause of violence against women (Chowdhury, I., A., 2012).

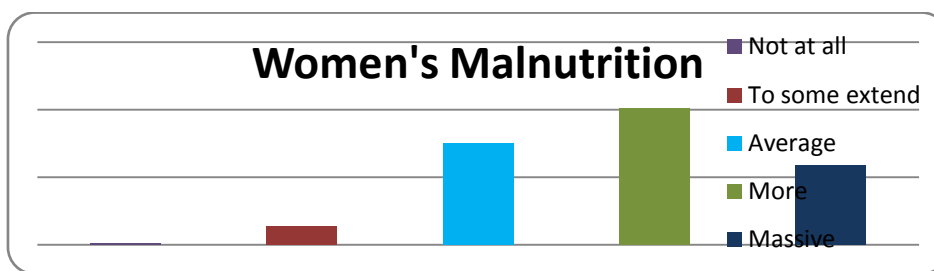


Figure 1: Respondents' opinions about Malnutrition

To measure the respondents' view about the feminization of poverty & its effect on women's anemia they are asked to give their opinion on it. Table 2: shows the public opinions about the effect of feminization of poverty on women's physical health

Table 2: Respondents' opinions about the effects of feminization of poverty on women's physical health

Variable		Not at all	To some extent	Average	More	Massive	Total
Anemia	Frequency	3	4	66	60	37	170
	Percent	2	2	39	35.2	21.7	100
Sickness	Frequency	6	9	43	69	43	170
	Percent	3.6	6	25	40.7	24.5	100
Maternal Mortality	Frequency	20	47	40	45	18	170
	Percent	12	28	23.7	26.2	10.5	100
Breast Cancer	Frequency	32	44	46	32	15	170
	Percent	19	26	27.3	18.7	9	100
Cervical Cancer	Frequency	31	50	54	24	11	170
	Percent	18	29	31.8	14.3	6.5	100
Increase Blood Pressure	Frequency	41	39	38	21	30	170
	Percent	24.3	23	22.4	12.6	17.6	100
Disability	Frequency	9	9	70	46	36	170
	Percent	5	5	41	27.2	21.4	100

Injury	Frequency	18	61	18	40	33	170
	Percent	10.6	36	10.5	23.5	19.4	100
High Stress	Frequency	6	10	51	55	48	170
	Percent	3.4	6	30	32.4	28.5	100

Table 2 shows that 21.7%, 35.2% & 39% of respondents said that feminization of poverty has respectively massive, more & average impact on anemia. Only 2% have of them said that it has very few & 2% have said 33no impact.To find out the relationship between feminization of poverty & Sickness respondents were asked about their opinion. 40.7% of respondents articulate that feminization of poverty has more impact on the sickness of women. 25% say that it has an average & 24.5% it has a massive impact and 3.6% opine that there is no relationship.Poor or nearly poor women are more likely than higher income women to report a lack of fair health or poor health, lack of health insurance & dissatisfaction with their health status ( Deborah, Belle, March 1999).

Respondents provide different opinions on the effects of feminization of poverty on maternal mortality. 12% of respondents say that feminization of poverty has no impact on maternal mortality & 28% shared that it has very little impact.23.7%, 26.2% & 10.5% reponses recorded respectively average, more & massive effect.Women in lower socioeconomic groups experience poorer health and die sooner than those in higher-income groups. Women who belong to a poor lifestyle experience poorer health and greater mortality(Patel Vikram & Kleinman, Arthur, Jan. 2003). Women's healthneglected during childhood & adolescence leaves them short of stature & reproduction. When women play the role of the household head they cannot maintain their nutrition because of maintaining family & child nutrition (Khaleda, S., 1998).

To know the effects of feminization of poverty on breast cancer respondents were asked about it.19% of the respondents say that there have no effects, 26% say there have some effects& 27.3% opinion the average effect. Respondents' opinion about the effects of feminization of poverty on cervical cancer is almost the same as those about breast cancer. Low socioeconomic status is associated with an increased incidence of mortality from cancer of the cervix. Although the incidence of breast cancer is greater among women of higher socioeconomic status, there appears to be a lower survival rate in the poor, possibly related to the later time of diagnosis. This late diagnosis might in turn be related to limited access to screening or differences in quality & availability of care (Deborah, Belle, March 1999).

To assess the relationship between feminization of poverty & blood pressure respondents were asked about it. 17.6%, 12.6%, 22.4%, 23% & 24.3% respondent's judgment is respectably massive, more, average, to some extent & no impact.

A large number of the respondent (41%) says that due to the feminization of poverty women become disabled. 27.2% &21.4% respondent's opinion about it is more & massive. About the injury, 36% of the respondent says there is very little impact & 23.5% state more impact & 19.4% about massive.. Poor women have more limitations of activity due to pain & lower level of social support. Poor women face sickness, injury, high blood pressure, and disability (Patel Vikram & Kleinman, Arthur, Jan. 2003).

**Effects of feminization of poverty on women's mental health :**

The positive association between poverty and mental health problems is well-established in all psychiatric epidemiology. Table 3 to depicts public opinions on the effects of feminization of poverty on women's mental health.

Table 3: Respondents' opinions about the impact of feminization of poverty on women's mental health

Variable		Not at all	To some extent	Average	More	Massive	Total
High Stress	Frequency	6	10	51	55	48	170
	Percent	3.4	6	30	32.4	28.5	100
Anxiety	Frequency	3	20	21	56	70	170
	Percent	1.5	11.8	12.3	33	41.4	100
Depression	Frequency	2	14	42	50	62	170
	Percent	1	9	24.5	29.5	36.5	100
Loss of Self –Esteem	Frequency	3	9	26	54	79	170

	Percent	1.5	5	15.3	31.7	46.3	100
Lower Satisfaction with Health Status	Frequency	40	30	26	30	44	170
	Percent	23.3	18	15.5	17.5	26	100
Lower level of Satisfaction with Social Life	Frequency	3	4	23	54	87	170
	Percent	1.5	2.6	13.3	31.5	51.1	100
Lower Level of Happiness	Frequency	3	2	18	50	97	170
	Percent	2	1	10.3	29.3	57.3	100
Lower Rating of Self Help	Frequency	60	42	34	22	12	170
	Percent	35.3	25	20	12.7	7.3	100
Lower Measure of Personal Well Being	Frequency	9	10	32	61	57	170
	Percent	5.5	6	19	36	33.5	100
Severe Fatigue	Frequency	4	2	23	74	67	170
	Percent	2.5	1	13.4	43.5	39.3	100
Increase Drug Addiction	Frequency	21	45	41	42	21	170
	Percent	12.3	26.6	24.2	24.6	12.3	100

Respondent opinion about the effect of feminization of poverty on high stress of women is 30%, 32.4%, & 28.5% of the respondent state about average, more & massive impact respectively. Only 6% say about little impact & 3.4% respondent opinion is that there has no impact. Levels of stress in the family correlated with economic circumstances. Studies during economic recessions indicate that job loss and subsequent poverty are associated with violence in families, including a child and elder abuse. Poor families experience much more stress than middle-class families. Besides financial uncertainty, these families are more likely to be exposed to a series of negative events and "bad luck," including illness, depression, eviction, job loss, criminal victimization, and family death. Parents who experience hard economic times may become excessively punitive and erratic, issuing demands backed by insults, threats, and corporal punishment (Mason, B Jabon Dr.,1990).

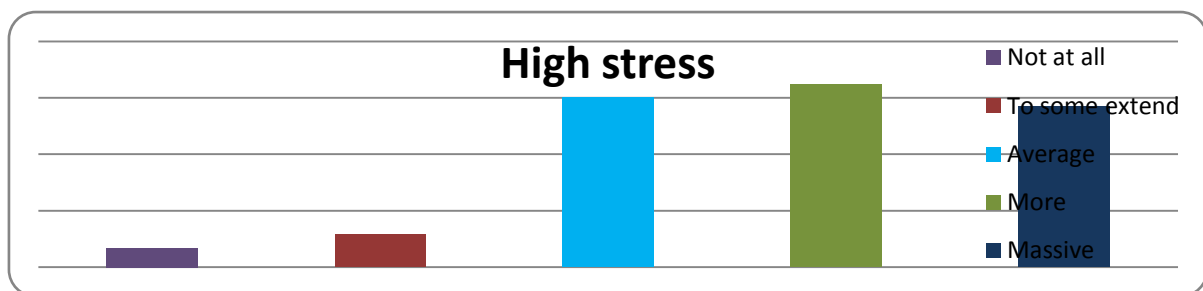


Figure 2: Respondents' opinions about High Stress

Does feminization of poverty create anxiety among women or not? The majority percent (41.4%) of the respondents answer about massive impact & 33% about more effects (Table 3). Only 1.5% of respondents' answers are no. According to table 3, the feminization of poverty women loses their self-esteem. 46.3% & 31.7% of the respondent say that it has a massive & more impact. Numerous studies document that working women do more work than their counterparts. Overwork may lead to exhaustion and stress. Global and local trafficking for commercial lead to high rates of mental illness. The World Bank (1993) estimates the consequences of familial and communal abuse account for approximately five percent of the global burden of disease for women during the reproductive years.

Respondents were also asked about women's satisfaction with health status. 23.3% of respondents' answers is massive, 18%, 15.5%, 17.5%, & 26% of respondent opinion is little, average, more & massive respectively. A good number of the respondents' (51.5%) opinion is that the feminization of poverty has a

massive adverse effects on satisfaction with the social life of women. 31.5% & 13.5% respondents' opinion is more & average. Only 1.5% of respondents say there has no impact & 2.6% view little impact. It is found in table 3 that 35.3% of respondents say feminization of poverty has no impact on the rating of self-help. 25%, 20%, 12.7% & 7.3% respondent opinion is little, average, more & massive impact respectively. Poverty is one of the most consistent of depression as well as other mental disorders. The greater burden falls on women. Lower-income women were addressed with a lower rating of self-help, a lower level of satisfaction with social life, a lower measure of personal well-being, and severe fatigue (Khaleda, S., 1998).

Feminization of poverty on the measure of personal well-being. Among the respondent, 33.5%, 36% & 19% say that feminization of poverty has a massive, more & average impact on the measure of personal well-being respectively. Unemployment, Low-paid or unpaid labor may contribute to the oppression of poor women. They can't be satisfied with their social life (Deborah, Belle, March 1999).

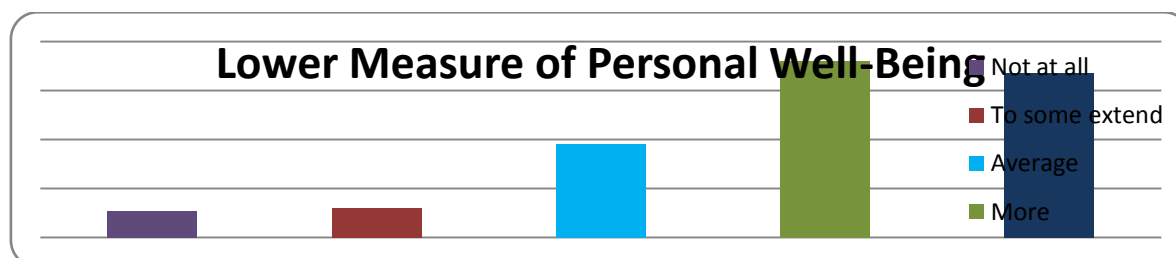


Figure 3 Respondents' opinions about Personal well being

Feminization of poverty creates severe fatigue among women. Women under poverty have monotonous life style & lack of entertainment. We see that 39.3%, 43.5%, & 13.4% respondent's opinion about it is massive, more & average respectively. 1% say it has little effect & 2.5% respondents' opinion is NO. Many studies have found that the incidence of drug addiction is higher among women of lower socio-economic status than higher-income women.

#### IV. Conclusion

Women's health status reflects the cultural, political, and socio-economic context in which they live. Leadership position in advocating change in all those factors leading to women's poverty & in encouraging women to challenge and discriminating practices & gender bias. Due to feminization and poverty, the physical health impact on women is malnutrition, anemia, cervical cancer, breast cancer, blood pressure, injury, maternal mortality, injury etc. Without this, there are some psychological impacts also such as: depression, high stress, mental disorder, lower level of happiness, lower level of satisfaction with personal & social life, lower satisfaction with health status, anxiety, loss of self-esteem, drug addiction, etc.

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