



Challenges to Women's Health in India : A Review

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Abstract

Women is the important pillar of a society and they are called the caretakers in the every country of the world, but still they suffer more and have poorer health outcomes around the world. According to 1991 census, only 39.3% Indian women were literate. The literacy level of women can affect reproductive behavior, use of contraceptives, health and upbringing of children, proper hygienic practices, access to jobs and the overall status of women in the society. A major determinant of women's health is early marriage and childbirth. The number of maternal mortality in India is 572.3 against per 100,000 births. Anemia is an indirect factor in case of 64.4% of the maternal deaths. To a large extent, socioeconomic factors are responsible for maternal deaths. Female healthcare providers can play an important role in educating women to recognize their health and nutrition needs.

Key Words: women, health, reproductive, childbirth, mortality, nutrition

Introduction

Health is important factor that contributes to human well-being and economic growth. Women's health in India can be examined in terms of multiple indicators such as geography, socioeconomic, standing and culture. Indian society has deeply entrenched patriarchal norms and values like most cultured across the world. The system of patriarchy evident itself in both private and public spheres of the lives of women in India determines women's living standard which resulted inferior status in various socio-economic spheres which undermine women's right to dignified lives. There are may be some similarities in women's living standard experienced due to gender existences. However, in a socio-culturally dissimilar and vast country like India, often special and multiple needs of women are marked out on a variegated tract of land of caste, class, creed, age and region.

Methodology:

This article based on secondary data mostly from books and articles related to women' health in India. This article has been prepared through analytical method of research where various journals, reports, correspondences have been utilized as important source material. of different surveys are important sources of this article.

Objectives:

The main objectives of this article are to focus various issues related to women's health in India such as malnutrition, maternal mortality, female child mortality, domestic violence faced by women, reasons of suicide cases, etc. To improve adequately the health status of women in India, multiple dimensions of well-being have been tried to analyze in this article.

Health Issues:

At present days women in India has to face numerous health issues, which ultimately affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and improving the health outcomes can contribute to fiscal benefit by creating valuable human resource and enhanced the level of investment and savings. Indian women faces many problems such as domestic violence, malnutrition, AIDS, maternal health, breast cancer, etc.

When we talk about women's health and access to healthcare in such a complex set up thus poses a challenge. The definition of health is not merely the absence of disease or infirmity, but a state of fully mental, physical and social well-being, existence is a required condition for good health.

Malnutrition:

Nutrition plays an important role in on overall health, mental and physical health status is basically severely affected by the presence of malnutrition. Among the developing countries India bears one of the highest rates of malnourished women. A study by Tarozzi have found the nutritional intake of early adolescents to be approximately equal. However, it has been seen that the rate of malnutrition increases for women as they enter adulthood. Maternal malnutrition causes an increased mortality rate of mothers and also increased birth defects of the children.

Maternal Health:

Maternal health is one of the important issues of every women. Because, poor maternal health affects a child's health in adverse way. It also decreases the ability of a women to participate in the fiscal activities. So, the family welfare program and national health programme like National Rural health Mission (NRHM) have been launched to look address the maternal health of women in India. Maternal mortality is not identical across all over India or even a particular state urban areas often have lower maternal mortality due to the availability of adequate medical resources. Focus was given to those states where is growth rates and higher literacy rates contribute for lower infant mortality and greater maternal health.

Suicide Issues:

Suicide issue is an important problem in India. The rate of suicide cases in India is five times higher than that of the other developed countries. It may be noted that the rate of suicide cases has been found to be higher among women as compared to men in India. The most common reasons for women's suicide is mainly related to – depression, anxiety, gender discrimination, domestic violence, etc. The suicide case is particularly high among female sex workers in India, who face various type of discrimination for their gender and line of work.

Female Infant Mortality:

Female child mortality is slightly higher than male infant mortality. The survival disadvantage of girl child is particularly acute in age group of 1-6 years. The Child Sex Ratio defined as the number of females per 1000 males in the age group of 0 – 6 years has been on a declining trend. The Child Sex Ratio is extremely low in Haryana (830), Punjab (846), Jammu and Kashmir (859) and Delhi (866). Declining Child Sex Ratio reflects the imbalance between the number of girls and boys and points towards both pre-birth discrimination. The discrimination against the girl child is systematic and pervasive enough to apparent in various demographic proportion of India. In India as a whole

and as well as in rural and slum areas, the infant mortality rate is higher for females in compared to that of male. But in the urban areas of the country infant mortality rate is slightly favourable for female. But the urban India is marked by greater access to abortion and unwanted girl children often get eliminated before birth.

Challenges to Women's Health:

In the context of women's health it has been said that sustainable well being can be brought about if strategic interventions are made at critical stages. The vulnerability of females in India in the crucial period of childhood, adolescence and childbearing is underscored by the country's sex wise age specification mortality rates. In India mortality rate of women is higher than men between the age group from childhood till the mid twenties. In rural area higher proportions of women die under thirty.

Health is socially determined to a considerable extent. Access to healthcare, is almost fully so. This being so, the lived experiences of women in area are replete with potential risk factors that have implications for their lives and well-being. The multiple role of household work, child rearing and paid work that women carry out has implications for their physical and mental health. There is an impact of work and environment on women's morbidity. Women with children engaged in paid work had the highest morbidity rates than that of either single women or housewives. The types of morbidity experienced by the women of rural area included reproductive problems, aches, pain and injuries, weakness, fever, respiratory problems, ear and eye problems, problems of gastro intestinal tract, skin, etc.

The degraded living environment in the slums has deleterious effects on people's health and that the morbidity rates were highest for those adult women with children who were living in slums and were engaged in paid works. Though the working women contribute significantly to the household income, yet they had to face a burden of household work and childcare. Such women put in more hours of work to fulfill their numerous responsibilities and had less leisure time. The women of these categories had less nutritional intake than what is required and recommended. Similarly, in the case of nutritional deficiencies such as anaemia, mottled enamel, etc. both the categories of women fared poorly with the working women being worse off. The mean number of clinical signs of nutritional deficiency was 2.8 for the working women 2.2 for the housewives.

There may be gender risks to women's lives in the home environment. In rural area a vast majority of the households rely on bio-fuels for cooking. In the household domain a woman being preserved for cooking faces pollution problem. The pollutants which arises from the burning of bio-fuels badly affect the women unsuitable effects on their health.

Home is not Safe Heaven:

Domestic violence is one of the major issues in India. The defined domestic violence such as mental, physical and sexual violence against women is found across the world. It is currently viewed as a hidden epidemic by the World Health organization. As per reports of National Family Health Survey III (2005-2006), 31% of all women reported having been the victims of physical violence. At all events the actual number of victims may be much higher than this.

Today's, studies on domestic violence in India have gradually removed the prevailed myth of the home as a safe haven. Domestic violence against women has touched almost all class and caste of the people in the country. Women of all socio-demographic backgrounds experience domestic violence. It would not be erroneous to say that the low levels of violence reported by women of high standard of living. Such is the internalization of gendered roles and acceptance of violence that high percentages of women of varied backgrounds justify violence for different reasons such as the husband's suspicion of the wife's faithfulness, non giving of money and other items by the wife's natal family, wife's disrespects of the in-laws, wife's going out without telling the husband, wife's neglect of the house or children etc.

Conclusion:

To conclude it can be said that physical labour and living environment have great affect on women's health in India. A study of married women in five villages of Gujrat revealed that 66% of women were subject to domestic violence. Domestic violence is not only a violation of women's human rights, but also have severe health consequences. The form of assault experienced by the women ranged from kicks and beatings to strangulation and burning. Most of the attempted suicide cases happens due to domestic violence. Sufficient awareness must be created among the women in rural area regarding their health. In India, women empowerment and women professionals are required at all levels for improvement of nutrition structure and health.

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