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Women Health's Problem in India

RUCHI

Assistant professor
Department of arts
G.V.M. Girls college , sonipat

Abstract- While women and men share many similar health challenges, the differences are such that the health of women deserves particular attention. Women generally live longer than men because of both biological and behavioural advantages. But in some settings, notably in parts of Asia, these advantages are overridden by gender-based discrimination so that female life expectancy at birth is lower than or equal to that of males. Moreover, women's longer lives are not necessarily healthy lives. There are conditions that only women experience and whose potentially negative impact only they suffer. Some of these – such as pregnancy and childbirth – are not diseases, but biological and social processes that carry health risks and require health care. Some health challenges affect both women and men, but have a greater or different impact on women and so require responses that are tailored specifically to women's needs. Other conditions affect women and men more or less equally, but women face greater difficulties in getting the health care they need. Furthermore, gender based inequalities – for example in education, income and employment – limit the ability of girls and women to protect their health.

Index Terms **– life expectancy, Diseases, Gender, Employment.**

I. INTRODUCTION

Women's health during the reproductive or fertile years (between the ages of 15 and 49 years) is relevant not only to women themselves, but also has an impact on the health and development of the next generation. Many of the health challenges during this period are ones that only young girls and women face. For example, complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years old in developing countries. Globally, the leading cause of death among women of reproductive age is HIV/ AIDS. Girls and women are particularly vulnerable to HIV infection due to a combination of biological factors and gender-based inequalities, particularly in cultures that limit women's knowledge about HIV and their ability to protect themselves and negotiate safer sex. The most important risk factors for death and disability in this age group in low- and middle-income countries are lack of contraception and unsafe sex. These result in unwanted pregnancies, unsafe abortions, complications of pregnancy and childbirth, and sexually transmitted infections including HIV. Violence is an additional significant risk to women's sexual and reproductive health and can also result in mental ill-health and other chronic health problems.

II. *WOMEN'S HEALTH PROBLEM IN INDIA*

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analysed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth. Currently, women in India face a multitude of health problems, 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 economic gain through the creation of quality human capital and increased levels of savings and investment.

MAJORITY OF BIRTHS IN INDIA TAKE PLACE AT HOME

Place of birth and type of assistance during birth have an impact on maternal health and mortality. Births that take place in non-hygienic conditions or births that are not attended by trained medical personnel are more likely to have negative outcomes for both the mother and the child. The NFHS survey found that nearly three quarters of all births took place at home and two-thirds of all births were not attended by trained medical personnel. While health care is important, there are several other factors that influence maternal mortality and health. Medical research shows that early age at first birth and high numbers of total pregnancies take their toll on a woman's health. Although fertility has been declining in India, as noted earlier, many areas of the country still have high levels. In 1993, five states had total fertility rates of over 4 children per woman (India Registrar General (IRG), 1996a).
In general, high maternal mortality ratios are related to high fertility rates.

ONE IN FIVE MATERNAL DEATHS RELATED TO EASILY TREATED PROBLEM

Anemia, which can be treated relatively simply and inexpensively with iron tablets, is another factor related to maternal health and mortality. Studies have found that between 50 and 90 percent of all pregnant women in India suffer from anemia. Severe anemia accounts

for 20 percent of all maternal deaths in India (The World Bank, 1996). Severe anemia also increases the chance of dying from a hemorrhage during labor.

Every 5 Minutes, a Violent Crime Against a Woman

Is Reported Research by Heise (1994) has shown that violence against women is a health problem that is often ignored by authorities who view such behavior as beyond their purview. Likewise, many donor agencies do not want to work on this problem as they consider it culturally sensitive. In certain societies, violence, such as wife beating, is perceived as "normal" or as a husband's right. However, as Heise concludes, violence against women is detrimental to economic development because it deprives women of the ability to participate fully in the economy by depleting both their emotional and physical strength. Violence against women also can have negative consequences for the children of the victims. While violence is a serious health issue for Indian women, it is difficult to say how widespread it is because data are limited. The data that are available show an increase in the reported level of violent crime against women. However, such statistics do not reflect the actual levels of these crimes because many incidents, particularly domestic violence, go unreported . The data that are available show that much of the violence to which women are subjected occurs in the home and/or is carried out by relatives. For instance, the majority of reported rapes are committed by family members. Many of the victims are young women; 30 percent of all reported rapes happened to girls who were age 16 or younger (National Crime Records Bureau (NCRB), 1995). In the past few years, there has been an increase in the reported incidence of torture cruelty by the husband and the husband's relatives. The reported number of incidents of torture increased 93 percent between 1990 and 1994. The crime rate for torture was 5.9 cases per 100,000 females in 1994. Often women are tortured by other women such as a mother-in-law.

Dowry Deaths Increasing

The most media-sensationalized type of violence against women in India is dowry death. When a woman marries, her family provides the husband's family with gifts (e.g., clothes, household goods, cash). In many instances, the demand for these gifts does not end with the marriage but continues, as the husband's family persists in making additional dowry demands for years after the wedding. A dowry death is defined as the unnatural death of a woman caused by burns or bodily injury occurring within the first 7 years of marriage, if it can be shown that the woman was subjected to cruelty by her husband or her husband's relatives shortly before death in connection with a demand for dowry . Nearly 5,000 women were reported to have suffered this type of death in 1994, about 1 dowry death for every 100,000 women (NCRB, 1995). The actual number is certainly larger, as there are many deaths that should be reported as a dowry death and are not.

Malnutrition

Malnutrition due to deficiencies of calories, protein, vitamins, and minerals and other poor health and social status, affects millions of women and adolescent girls around the world. Malnutrition, a serious health concern, threatens the survival of Indian mothers and their children. Adequate nutrition is thus an essential cornerstone to maintain the healthy health of any individual, especially for women. 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 are more prone to nutritional deficiencies than men due to the fact of women's reproductive biology, low social status, poverty, and lack of education.18 The two most common nutritional deficiencies in the women worldwide are iron deficiency and anaemia. Around 80% of the Indian pregnant women suffer from iron deficiency anaemia's. 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.

Maternal mortality

Maternal mortality remains stubbornly high in India as compared to many developing nations India contributed approximately 20 percent of all maternal deaths worldwide between 1992 and 2006; due to lower socioeconomic status and cultural constraints as well as limiting access to health care. Maternal mortality is 57 fold higher in Indian women than in the United States. India's maternal mortality ratio is lower than the ratios for Bangladesh and Nepal, while it is higher than those in Pakistan and Sri Lanka. Severe anemia accounts for 20% of all maternal deaths in India. It has been suggested that, higher literacy has greater maternal health as well as lower infant mortality. Cardiovascular disease is the major contributor to increased female mortality in India, which is due to differential access to health care between the sexes. Surprisingly men are tend to visit hospitals more frequently than women to treat their ill-health. Moreover, Indian women suffer from mental depression at higher rates than Indian men. More Indian women committed suicide as compared to men, which are directly related to depression, anxiety, gender disadvantage and anguish related to domestic violence. Very strict, strong and sustained laws should be framed by the government to prevent the gender based violence in as well as to improve the educational and health status of the women.

Depression care in conflict zones

A lot of Indian women live with clash, whether in regions with insurrection and counter-insurgency operations or within a communal insurrection or between inter-caste violence. They experience clash exceptionally as compared to men be it loss and widowhood with all the disgrace it carries in India; living with distress; being left as leader of the family without suitable title to property; encountering sexual barbarity as a feature of clash; being dislocated and homeless. In the quick aftermath of violence (or calamity), the regular events of remaking are normally attempted by women, they end up discovering belongings in the rubble, getting together and tending to family, and arranging for food.

Global access and sex-discriminating abortions

Modernization and expanding access to health amenities, normally thought useful factors for females, have made sex-specific abortion more open and contributed India's declining ratio of sex. Modernization has advanced the little family norm without disposing of male child priority. Also, dowry is more common these days and lavish weddings are common aspiration. All the while, more people have access to pre-birth indicative tools. This part of the way clarifies why rise in womanly feticide is associated with riches and the well-off urban areas in India have the most horrible sex proportions.

BREAST CANCER

India is facing a growing cancer epidemic, with a large increase in the number of women with breast cancer. By the year 2020 nearly 70% of the world's cancer cases will come from developing countries, with a fifth of those cases coming from India. Much of the sudden increase in breast cancer cases is attributed to the rise in Westernisation of the country. This includes, but is not limited to, westernised diet, greater urban concentrations of women, and later child bearing. Additionally, problems with India's health care infrastructure prevent adequate screenings and access for women, ultimately leading to lower health outcomes compared to more developed countries. As of 2012, India has a shortage of trained oncologists and cancer centres, further straining the health care system.

HIV/AIDS

As of July 2005, women represent approximately 40 % of the HIV/AIDS cases in India. The number of infections is rising in many locations in India; the rise can be attributed to cultural norms, lack of education, and lack of access to contraceptives such as condoms. The government public health system does not provide adequate measures such as free HIV testing, only further worsening the problem. Cultural aspects also increase the prevalence of HIV infection. The insistence of a woman for a man to use a condom could imply promiscuity on her part, and thus may hamper the usage of protective barriers during sex. Furthermore, one of the primary methods of contraception among women has historically been sterilisation, which does not protect against the transmission of HIV. The current mortality rate of HIV/AIDS is higher for women than it is for men. As with other forms of women's health in India the reason for the disparity is multidimensional. Due to higher rates of illiteracy and economic dependence on men, women are less likely to be taken to a hospital or receive medical care for health needs in comparison to men. This creates a greater risk for women to suffer from complications associated with HIV. There is also evidence to suggest that the presence of HIV/AIDS infection in a woman could result in lower or no marriage prospects, which creates greater stigma for women suffering from HIV/AIDS.

REPRODUCTIVE RIGHTS

India legalised abortion through legislation in the early 1970s. However, access remains limited to cities. Less than 20 %of health care centres are able to provide the necessary services for an abortion. The current lack of access is attributed to a shortage of physicians and lack of equipment to perform the procedure. The most common foetus that is aborted in India is a female one. Numerous factors contribute to the abortion of female foetuses. For example, women who are highly educated and had a first-born female child are the most likely to abort a female. The act of sex-selective abortion has contributed to a skewed male to female ratio. As of the 2011 census, the sex ratio among children aged 0–6 continued a long trend towards more males.

The preference for sons over daughters in India is rooted in social, economic and religious reasons. Women are often believed to be of a lower value in society due to their non-breadwinner status. Financial support, old age security, property inheritance, dowry and beliefs surrounding religious duties all contribute to the preference of sons over daughters. One of the main reasons behind the preference of sons is the potential burden of having to find grooms for daughters. Families of women in India often have to pay a dowry and all expenses related to marriage in order to marry off a daughter, which increases the cost associated with having a daughter.

CARDIOVASCULAR HEALTH

Cardiovascular disease is a major contributor to female mortality in India. Indians account for 60% of the world's heart disease burden, despite accounting for less than 20% of the world's population. Indian women have a particular high mortality from cardiac disease and NGOs such as the Indian Heart Association have been raising awareness about this issue. Women have higher mortality rates relating to cardiovascular disease than men in India because of differential access to health care between the sexes. One reason for the differing rates of access stems from social and cultural norms that prevent women from accessing appropriate care. For example, it was found that among patients with congenital heart disease, women were less likely to be operated on than men because families felt that the scarring from surgery would make the women less marriageable.

Furthermore, it was found that families failed to seek medical treatment for their daughters because of the stigma associated with negative medical histories. A study conducted by Pednekar et al. in 2011 found that out of 100 boys and girls with congenital heart disease, 70 boys would have an operation while only 22 girls will receive similar treatment. The primary driver of this difference is due to cultural standards that give women little leverage in the selection of their partner. Elder family members must find suitable husbands for young females in the households. If women are known to have adverse previous medical histories, their ability to find a partner is significantly reduced. This difference leads to diverging health outcomes for men and women.

MENTAL HEALTH

Mental health consists of a broad scope of measurements of mental well being including depression, stress and measurements of self-worth. Numerous factors affect the prevalence of mental health disorders among women in India, including older age, low educational attainment, fewer children in the home, lack of paid employment and excessive spousal alcohol use. There is also evidence to suggest that disadvantages associated with gender increase the risk for mental health disorders. Women who find it acceptable for men to use violence against female partners may view themselves as less valuable than men. In turn, this may lead women to seek out fewer avenues of healthcare inhibiting their ability to cope with various mental disorders. One of the most common disorders that disproportionately affect women in low-income countries is depression. Indian women suffer from depression at higher rates than Indian men. Indian women who are faced with greater degrees of poverty and gender disadvantage show a higher rate of depression. The difficulties associated with interpersonal relationships most often marital relationships and economic disparities have been cited as the main social drivers of depression.

DOMESTIC VIOLENCE

Domestic violence is a major problem in India. Domestic violence—acts of physical, psychological, and sexual violence against women—is found across the world and is currently viewed as a hidden epidemic by the World Health Organization. The effects of domestic violence go beyond the victim; generational and economic effects influence entire societies. Economies of countries where domestic violence is prevalent tend to have lower female labour participation rate, in addition to higher medical expenses and higher rates of disability. Approximately one third of Indian women experience intimate partner violence (IPV) during their adult years. The prevalence of domestic violence in India is associated with the cultural norms of patriarchy, hierarchy, and multigenerational families. Patriarchal domination occurs when males use superior rights, privileges and power to create a social order that gives women

and men differential gender roles. The resultant power structure leaves women as powerless targets of domestic violence. Men use domestic violence as a way of controlling behaviour. In a response to the 2005-2006 India National Family Health Survey III, 31% of all women reported having been the victims of physical violence in the 12 months preceding the survey. However, the actual number of victims may be much higher. Women who are victimised by domestic violence may underreport or fail to report instances. This may be due to a sense of shame or embarrassment stemming from cultural norms associated with women being subservient to their husbands. Furthermore, underreporting by women may occur in order to protect family honour. A 2012 study conducted by Kimuna, using data from the 2005-2006 India National Family Health Survey III, found that domestic violence rates vary across numerous sociological, geographical and economic measures. The study found that the poorest women faired worst among middle and high-income women. Researchers believe that the reason for higher rates of domestic violence come from greater familial pressures resulting from poverty. Additionally the study found that women who were part of the labour force faced greater domestic violence. According to the researchers, working women may be upsetting the patriarchal power system within Indian households.

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