



Health Status of Women In India

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Abstract

Health is recognised as the basic human need for every individual. And the health status of women directly replicates the health status of the nation. Today, the concept of women's health has become a significant concern among developing countries because of deteriorating the quality of life. The inadequate nutrition intakes and unawareness of health services' utilisation are the major factors for high maternal mortality rates. However, the government has been making numerous efforts to improve the health status of women. Some significant problems are associated with implementing policies such as poverty, illiteracy and gender inequality, etc. The present paper focuses on these substantial factors and issues that influence women's health concerns in India.

Keywords: women health, maternal mortality, nutrition, poverty, India.

Introduction

Health is recognised as a fundamental human need [1]. The health status of a woman directly replicates the health status of the nation. Women's health is imprecisely bound up with biological, social and cultural factors that are incredibly interrelated such as poverty, illiteracy, early marriage, domestic violence, unemployment, gender discrimination, underutilisation of health services, malnutrition and many more [2,3]. Women's well-being will cover both diet and health care, and particular consideration will be paid to women and girls' necessities at all points of the life cycle[4]. In India, the status of women is worse than the other countries. In most societies, women are the most underprivileged sections from all the health services. They are the most influenced groups right from conception to the end of their lives in inadequate medical care during pregnancy, after delivery as a baby, as a girl, and as a woman. They suffer from malnutrition, medical care, education and moral support [1]. Profound studies reported that women need more attention to health outcomes at the time of pregnancy and childbirth. This is when they carry risks because of varying and surrounded complications, practices, beliefs and living conditions. These risks can

be reduced through healthcare interventions [5]. Providing attention to health needs allows women to live a healthy life and the future generation to bear and raise [6].

Determinants of women's health

The determinants of health status are highly interrelated. Fig. 1 emphasises a multiplicity of factors, including biological, social, cultural, environmental and economic, that influence women's health status [2]. Profound studies indicate that these factors are highly responsible for inaccessibility and underutilisation of health care services among women[3].

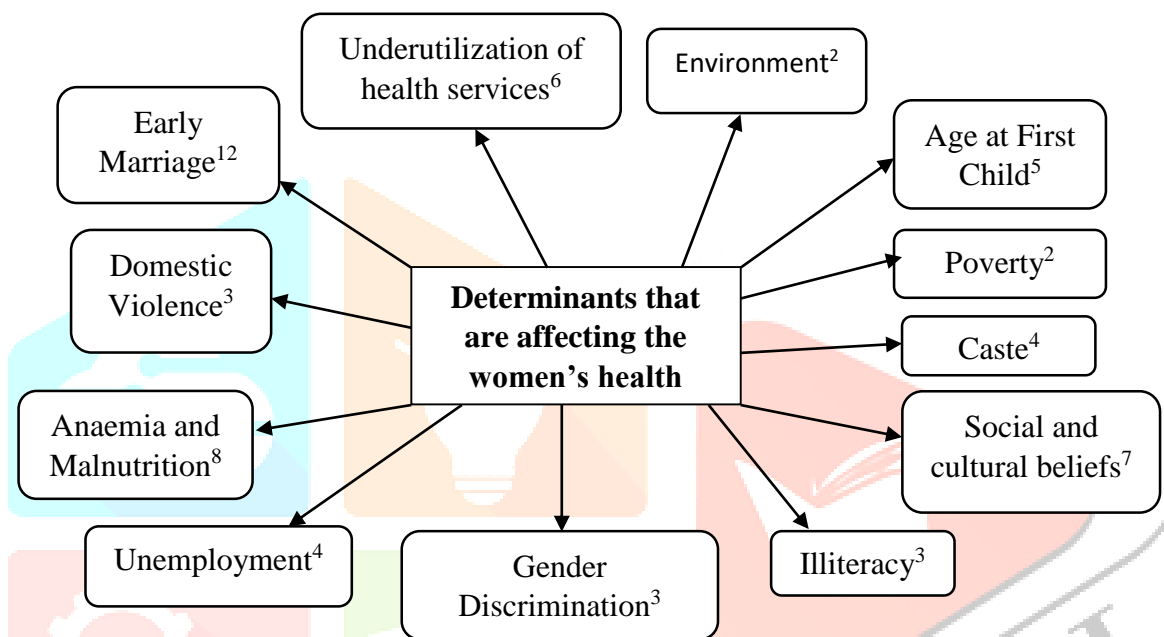


Figure. 1 Determinants that are affecting the women's health

Health and Nutrition

Nutrition plays a vital role, particularly for girls and women as they undergo through pregnancy. For healthy pregnancy outcomes, women need more nutritional diet. But women's health and nutritional status are becoming worse due to the prevailing cultural beliefs and taboos [3]. At the household level, various cultural beliefs and taboos have restricted the women from getting a rich nutrient diet. In some households, women eat after the meal of men have finished. This results in adverse effects on the health of pregnant women. These consequences increase the rate of severe maternal morbidities and mortalities [7]. It is also critical that she requires adequate nutritious food and the right treatment in the absence of complications in both the mother and the infant [6].

Anaemia

Anaemia is a significant health problem among women throughout the world, especially in developing countries like India. As of the most recent National Family Health Survey conducted in India in 2015-16 (NFHS IV), 53% of Indian women are anaemic, and 59% of pregnant women are anaemic, the highest rate in the world (IIPS, 2015-16). According to the Hb levels, the WHO defines anaemia due to the link between iron level, haemoglobin synthesis, poor blood oxygenation, and anaemia. By the WHO's guidelines, anaemia is classified as mild (10.0-10.9 g/dl for pregnant women, 10.0-11.9 g/dl for non-pregnant women), moderate (7.0-9.9 g/dl), and severe (< 7.0 g/dl). The consequences of anaemia among women include reduces energy and capacity for work and poor pregnancy outcome that further enhances maternal mortality. It is estimated that almost 20% of maternal deaths are directly caused by anaemia in the world. India is among the countries with the most extensive prevalence of anaemia. Weakness is assumed to be a normal condition during pregnancy, and a majority of Indian women do not seek treatment for anaemia unless symptoms become severe. Anaemia is attributed to dietary inadequacy due to low purchasing power, illiteracy, ignorance regarding the nutritional value of available cheap food, cultural taboos, superstition, large families, etc. In a society where women's status is weak, women face both covert and overt discrimination within their family. Women in India follow the custom of "easting last" or eating only the food leftover after the dinner of male family members [8]. Besides, inadequate awareness is an exact result of poor nutritional education. The Government of India has attempted to tackle anaemia in India through several measures but has not provided adequate nutritional education [9].

Gender Discrimination

The health of Indian women is inherently linked to their status in society. Women's disproportionate low socioeconomic status, illiteracy, poverty, gender inequality, and reproductive function subject them to different illnesses and their access to and utilise health services. In India, son preference and high dowry costs for daughters sometimes result in the mistreatment of daughters [10]. Women and girls acquire much less education than men due to social norms and fears of violence. The number of pre-age marriages is also significant. Dowry related harassment and deaths are still in the news now and then. Harassment at the workplace, sexual or otherwise, though mainly unreported [4]. The government of India has initiated the necessary steps to alleviate gender inequality. Unwanted and illegal pregnancy brought to an end by risky abortions may severely affect women's health. Fertility reduction will also improve the overall health of Indian women. Torture and abuse perpetrated on women by her husband, and mother-in-law may also be a gateway to the detrimental effects on women's health more quickly. Mothers with low education level having children who suffer from nutritional disorders twice fold than mothers with higher education [3].

Poverty

Since women represent the bulk of the issue below the poverty line and are very much in circumstances of severe poverty, considering the harsh realities of intra-domestic and social inequality [4]. Low health impacts not only women but also their families. Women in bad health are more likely to give birth to low-weight children. Therefore, they are less likely to be able to afford food and proper care for their children [10]. Profound studies indicate that the health of a woman is not only affected if she does not receive the required antenatal or post-natal care before and after the pregnancy period but also if she has been neglected during her childhood in terms of nutrition, education which are in turn influenced by the low economic profile of the family where she is born. Besides low wages, gender inequality also plays a significant role, which leaves the child's disadvantage to a male child. Further, a poor woman also faces a violation in her dignity from the health personnel during institutional deliveries [6].

Maternal Morbidity and Mortality

Maternal death and morbidity are two health problems related to elevated levels of fertility. India has a high maternal mortality ratio relative to other developed countries. Globally, it is reported that about 830 women out of every 1,00,000 women die every day owing to pregnancy-related complications [11]. It is also reported that about 4,00,000 maternal deaths happen every year globally and out of these 1,00,000 deaths happen in India [7]. High maternal mortality rates are incredibly distressing since more of these deaths could be avoided if women had sufficient health care. Indeed, the lack of access to health care is the leading contributor to India's high maternal mortality ratio [10]. Women become sick during pregnancy and childbirth for a variety of reasons. In poorer nations, several drawbacks are combined to place women at risk. Improving the diet, general health, and socioeconomic status of women would decrease maternal morbidity and mortality. Access to tetanus toxoid vaccination, iron supplementation, and other simplified technologies will reduce maternal morbidity and mortality. Maternity treatment during pregnancy and childbirth can both avoid emergencies and save lives and reduce morbidity and mortality [12].

Conclusion

Women Health must be recognised as a critical development issue by the developing countries and must be commended to increasing the quality and accessibility of health care. Adequate nutrition for women will allow them to act as active members of society to build healthier generations. Women must also be educated about their health and the importance of proper care during pregnancy and childbirth. Since women face various health issues compared to men, there is a need for more specific and collaborative research on women's health status. The government should implement the requisite policies to increase the literacy rate and standard of education and provide sufficient job opportunities for women, which could have a positive effect on women's health issues. The government can also improve women's health status by strengthening the healthcare services and awareness of educational and nutritional needs and gender-based violence.

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