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HEALTH STATUS OF WOMEN IN INDIA – CHALLENGES

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ABSTRACT

Women's health in India can be examined in terms of multiple indicators. Health is complex and dependent on a host of factors. The dynamic interplay of social and environmental factors have profound and multifaceted implications on health. Women's lived experiences as gendered beings result in multiple and significantly inter related health needs. To adequately improve the health of women in India multiple dimensions of well being must be analysed in comparison to men. Health is an important factor that contributes to human well being and economic growth. The country's economic development relies on health of human beings more particularly on women's health which is prerequisite for well being of a family and society. The status of women's health reflects in terms of nutritional status of women, maternal health, maternal mortality anemia among women, and antenatal care. Currently women in India face a multitude of health problems these problems which need to be addressed.

Keywords: Human well being, Nutrition, Maternal Health, Anemia, Maternity mortality.

INTRODUCTION

Women's health today has become a major concern among the developing countries because of high prevalence of infant child and maternal mortality and the deteriorating quality of life. Good health is a prerequisite to human productivity and the development process. It is essential to economic and technological development. A healthy community is the infrastructure upon which we can build an economically viable society. The progress of society greatly depends on the quality of its people (both men and women) unhealthy people can hardly be expected to make any valid contribution towards development programmes.

India has made considerable progress in social and economic development in recent decades such improvement in life expectancy infant mortality and literacy demonstrate it lagged behind in the improvement of women's health.

According to the world health organization, health is all state of complete physical, mental and social well being and not merely the absence of disease and infirmity viewed in this perspective the health problem of women in general and Indian women in particular are a matter of grave concern as not only the incidence of disease is greater among women but also their mental social well being is also affected by cultural and social attitudes and practices which in turn make them prone to greater health hazards.

As per 2011 censuses in the country where males significantly outnumber females (940 females for 1000 males) and its maternal mortality rate in rural areas is highest women experience anaemia, infectious diseases illness more than men and are less likely to receive timely medical treatment. Women, especially poor women are often trapped in a cycle of ill health exacerbated by child bearing and hard physical labour.

Health is both an important factor in the achievement of status as well as an indicator of social status particularly for women whose health is conditioned to a great extent by social attitudes. The health status of women includes their mental and social condition as affected by prevailing norms and attitudes of society in addition to their biological and psychological problems. Societies delineate women's roles partly from prevailing attitudes regarding their physical and mental capacity. These social attitudes also influence the provision and use of preventive and curative health care including maternal care. The health care facilities offered by a community in the form of medical particularly maternity services for women is a significant index of the emphasis that community places on the health of its women. Some studies in both the developed and developing countries have shown a definite link between low status of women and deficiencies in the knowledge and utilisation of preventive health services.

Women's poor health status in India are inextricably bound up with social cultural and economic factors. These factors severally constrain the ability of women and adolescent girls to acquire good health services. Such conditions have consequences not only for the women themselves but also for the well being of their children the functioning of households and the distribution of resources. These include unequal access to resources including health care rural/urban residence work status, caste and religion, poor quality of life low literacy rate, marriage at young age etc.

The health of Indian women is intrinsically linked to their status in society. The health of women depends on their emotional social and physical well being which are determined by different social political and economic contexts of their life. Research on women's status has found that the contributions Indian

women make to families often are overlooked and instead they are viewed as economic burdens. In India there is a strong son preference as they will take care of the parents during old age. This son preference results in the mistreatment of daughters. Indian women have low levels of both education and labour participation. They typically have little autonomy living under the control of first their fathers. Then their husbands and finally their sons.

India being a large country has a diverse population socially, culturally and economically yet the common major problem that women here face in availing health care is inequality between men and women. There are several factors responsible for the current status of women one is the culture itself. Indian women becoming worse due to the prevailing culture and traditional practices early marriage and child birth could be responsible for the prevailing wide variation in the socio-economic status poor health has repercussion not only for women but also their families. Women in poor health are more likely give birth to low weight infants. They also are less to likely to be able to provide good and adequate care for their children. Finally a women's health affects the house hold economic well being as a woman in India face many serious health concerns this profile focuses on only five key issues reproductive health, nutritional status, unequal treatment of girls and boys maternal health is a major indicator of status of women as it depends on socio-economic conditions and facilities provided by government poor status of maternal health reveals the low status of women in the society.

STATUS OF WOMEN'S HEALTH

Most of the women in India did not receiving proper health facilities women economic conditions forced them unable to avail nutrition's food prevalence of anemia is common among the women. The influence of women's autonomy on the use of the health care appears to be as important as other determinant such as education.

As per the NFHS is almost one out of every five women in India did not receive any antenatal care for their last birth. There is wide variation in the live of antenatal care services among the states. In the states like Kerala, Tamilnadu and Goa utilisation of antenatal care is almost universal where as in the states of AP, Maharashtra, West Bengal Karnataka, Delhi and Punjab 90 percent of women receiving antenatal care. Among all the states Bihar is the lowest state where the percentage of women receiving antenatal care.

NUTRITIONAL STATUS OF WOMEN IN INDIA

For women, weight and height measurement can be used to across health risks. A widely based indicator of nutritional status is the body man index (BMI) which is defined as the weight in kilograms divide by height in meters squared (kg/m^2). This indicator is used to areas both thinners and obesity. It is helpful in detecting the risk of health or nutritional disorder. ABMI or less the 18.5 indicator chronic energy deficiency (LED). At the over end of the spectrum women with BMI of 25.0 – 29.9 are considered to be other weight and those with a BMI of 30.0 or above are identified as above.

As per NFHS -4 there are women in India have chronic energy deficiency and 13% women are over weight level of CED is high in the states of Chhattisgarh, Orissa, Madhya Pradesh, Bihar and Jharkhand and

Uttar Pradesh CED is particularly pronounced for rural women illiterate women and women living in households with a low standard of living and among those women don't consume proper nutritious food.

According to the data an overwhelming 83.4% of men and 70.6% of women in the 15-49 years age group have non-vegetarian food daily weekly or occasionally. According to NFHS-5 which was conducted in 2019-21 the proportion of men aged 15-49 years who have never consumed non-vegetarian food as fish chicken or meat in the survey stood at 16.6% in 2019-21. It shows a decrease of five percentage of point from the 21.6% of men of the same age group who never ate non-vegetarian food during NFHS-4 (2015-16). However the data also reveals a skew based on gender as the preparation of in the same age group (15-49 years) who never consumed fish, chicken or meat was 29.4% in 2019-21. This is a marginal days from the 29.9% figure from 2015-16 more other the proportion of women who consumed non-vegetarian food on a weekly basis went up from 36.6% in 2015-16 to 39.3% 2019-21 where as for men it went up from 43.2% to 49.3% over the same period.

In total an overwhelming 83.4% of men and 70.6% of women in the 15 to 49 years age group have non-vegetarian food daily weekly occasionally.

TABLE:1
NUTRITION STATUS OF ADULTS AGE (15-49 YEARS)

INDICATORS	NFHS-5 (2019-2021)	NFHS-4 (2015-16)
Women whose body mass index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	18.7	22.9
Men whose body mass index (BMI) is below normal (BMI <18.5 kg/ m ²) (%)	16.2	20.2
Women who are overweight or obese (BMI≥25.0 kg/ m ²) ²¹ (%)	24.0	20.6
Men who are overweight or obese (BMI≥25.0 kg/ m ²) (%)	22.9	18.9
Women who have high risk waist –to-hip ratio (≥0.85) (%)	56.7	Na
Men who have high risk waist-to-hip ratio (≥0.90) (%)	47.7	Na

MATERNAL HEALTH

Maternal health is an important indicator which reflects the status of women as it depends on their socio-economic conditions poor status of maternal health discloses the low status of women in the society. It is alarming situation prevails particularly in rural areas where women are not receiving health facilities during pregnancy which has direct and indirect effect on survival condition of women as well as their child.

TABLE: 2

**Maternal Care indicators for Births during the Five Years preceding the Survey – India NFHS-5
(2019-2021)**

INDICATORS	NFHS-5
Percentage who received all recommended type of antenatal care ¹	22.0
Percentage of births delivered in a health facility	48.2
Percentage of deliveries assisted by health personnel	52.1
Percentage of deliveries with a postnatal check up	79.1
Percentage of deliveries with a postnatal check-up within two days of birth	78.0

MATERNAL MORTALITY

Death due to pregnancy and during the child birth are common among women in the reproductive age groups.

Bulletin on maternal mortality in India shows a decline in maternal mortality rate from 103 per lakh live births to 97 by 2018-20 Maternal health defined as the health of women during pregnancy child birth in an important indicator of development. A study based on NFHS-1 described the socio-economic disparities of maternity care among adolescent (15-19 years) women in India. It stated that proportion of adolescent women availing skilled birth attendees and full ANC has increased from 1990-2006 though 43% of women were married before the legal age studies using NFHS data on maternal care utilization among married adolescent (15-19 years) women depicted early child bearing and poor maternal health experiences are intimately linked to their educational and economic status.

NFHS Data from (1 to 5) focused on maternal healthcare utilization in India among young women (15-24 years). This study centended that skilled birth attendees have increased since NFHS among young women. However, a significant proportion of young women have not opted for full ANC during prefacing lower education poor living conditions and less access to health care services result in adverse adolescent pregnancy lanes.

ANEMIA AMONG WOMEN AND MEN IN INDIA

In India among the women major health problem in Anemia it can result in maternal mortality weakness and diminished physical and mental stamina increased morbidity from communicable diseases premature delivery and low birth weight.

NFHS shows differential anemia levels among men and women as 55.3% of women found to be anemic while men 24.2% percent were found to be anemic. The prevalence of anemia for ever married women has increased from 52 percent in NFHS-4 to 56 percent NFHS-5 it depicts that the anemia situation has further worsened over the period of time.

TABLE:3

ANEMIA AMONG CHILDREN AND ADULTS

INDICATORS	NFHS-5 (2019-2021)	NFHS-4(2015- 2016)
children age 6-59 months who are anaemic (<11.0g/dl) ²² (%)	67.1	58.6
Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.2	53.2
Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	52.2	50.4
All women age 15-49 years who are anaemic ²² (%)	57.0	53.1
All women age 15-19 years who are anaemic ²² (%)	59.1	54.1
Men age 15-49 years who are anaemic (<13.0 g/dl) ²² (%)	25.0	22.7
Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	31.1	29.2

ANTENATAL CARE

Almost one in four women (23 percent) who gave birth in the five years before NFHS-3 recalled no antenatal care (ANC), ranging from are percent or less in Kerala, Goa and Tamilnadu to 66 percent in Bihar (7) in addition to Bihar, at least 40 percent of pregnant women did not get any antenatal care.

NFHS-4 and a NFHS-5 shows the most common problem being faced the women that distance to a health facility. Mostly one one-birth of women report that not having a female provider in concern and one tenth of women finding assistance a problem to accompany them.

Women's health status based on the factors of education occupation economic status awareness health status of rural women is disheartening when compare to the health status of urban women as they got access to better health care in rural areas a large percentage of women are still illiterates lack of economic independence. Besides no proper health facilities available in rural areas the most common problems are non-availability of doctors absenteeism as part of health staff, not maintaining things not available medicines transport problems lack of facilities for transport problems lack of facilities for clinical tests inadequate infrastructural facilities at PHC's not available specialised doctors particularly Gynaecologist. Due to all these things women in rural areas are facing lot of health problems and their health status in low even when compared to men unless these problems will be addressed the condition of women's health status will not improve.

TABLE:4

Maternal care Indicators for Births in India NFHS-4 and NFHS-5

INDICATORS	NFHS-4	NFHS-5
Percentage who received antenatal care	78.9	88.6
Percentage who had at least three antenatal care visits	51.2	58.1
Percentage who received antenatal care within the first trimester of pregnancy	58.6	70.0
Percentage of births delivered in a health facility	52.1	61.9
Percentage of deliveries assisted by health personnel	81.4	89.4

CONCLUSION

In India with increasing population women facing many health problems and this is ultimately affecting the Indian economy. As the women are contributing a lot for strengthening of economy by way of participation of production in all economic spheres. Even though Government is making all measures to improve the women's health condition by promoting gender based policies in health sector but still women are discriminated against in other way as well fewer months of breast breeding less nurturing and play less medical treatment if they fallen ill health less nutritional food less prenatal attention. As a result women are more vulnerable to ill health, infections leading to poor health.

Good health contributes to human well being and economic growth adequate nutrition for women would help them to serve as productive members of the society to develop the consequent health generation. There is dire need to formulate policies in improve the literacy levels and to provide employment opportunities for women which effects on the health status of women the Government should focus on

strengthening primary health centres and appointing doctors with specialisation and para-medical staff. There is also need to expand essential health services and creating awareness on state sex nutritional needs and taking care during pregnancy.

To address these challenges there is a need for continued investment in women's health programmes with a more focus on rural women as these women are facing multiple challenges. Further, need to make efforts to promote gender equality and empower women for taking decisions on their own about health and improving women's health status.

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