HEALTH OF WOMEN: A REVIEW

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Abstract: Health is considered as a fundamental human right and a worldwide social goal. It is essential to the satisfaction of basic human needs and to improve the quality of life. As per World Health Organization the highest standard of health is one of the fundamental rights of every human being. The vast majority of the world's population still has no access to decent health care. Rural populations in developing countries are particularly under privileged with respect to health care. In a country like India where the per-capita income is among the least in the world coupled with illiteracy, poverty, superstitions, diseases, etc. lead to low quality of life and high mortality. 80 per cent of the diseases are due to unhygienic conditions and unsafe drinking water. "Health of the people has been recognized as a valuable national resource and the governments Endeavour has been to develop the health of the people to enable them to contribute to the enhancement of the nation's productivity. General health condition of the people of India was very poor before independence with a crude death rate of 42.4 per 1000, an infant mortality rate of 162 per 1000 live births, and an expectation of life at birth around 36 years. Nearly half the total numbers of deaths were among children under 10 years. India was a reservoir of smallpox and endemic diseases such as leprosy, filariasis, guinea worms and hook worms. They are low literacy, less care during sickness, burden of work, unfavorable sex ratio and so on. Health of women is more important to a family and to the society. But the conditions in India are deplorable. The government has to take severe steps like improving education of women as well as establishing primary health centers in villages will improve the conditions of health of the rural women. This paper attempts to study is reasons for poor health of women, and to make some suggestions to improve the health of the women.

Introdiction: Health is considered as a fundamental human right and a world wide social goal. It is essential to the satisfaction of basic human needs and to improve the quality of life. The Government of India's concern since independence has been raising the quality of life and the health of its people.General health condition of the people of India was very poor before independence. Health of the people has been recognized as a valuable national resource and the government's endeavor has been to develop the health (potential) of the people to enable them to contribute to the enhancement of the nation's productivity. Health is the most important thing for human being. In most developed countries the proportion of males and females is more or less the same. In India, the ratio is not only unfavorable to women; it is rapidly and steadily worsening over the years. The extent of burden and sufferings of the rural women in India vary widely with the social and economic status, local customs, size of family and other factors.

The most alarming problem is of health care for women are the low priority it receives in the family and in the society. It is reported that for every three men who avail of health services, only one woman does so. Afflicted with poor health, women have a shorter life expectancy than men unlike in most parts of the world. Women in rural areas, because of their household responsibilities and out of ignorance, tend to neglect their illness until they become too sick to move around and attend to household chores. It is also found that women had to be content with free or traditional treatment as compared to medical facilities used for males. The on-going Reproductive & Child Health Programme (RCH) is a component of the Health Mission. The Government of India adopted a National Health Policy in August, 1983. It reiterates India's commitment to the target of health for all by 2000 A.D. Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system in 1999. The National Health Policy came into existence in 2002.

This papers attempts to study.

1. Reasons for poor health of women, and
2. to make some suggestions to improve the health of the women

Neglecting women's education: Illiteracy is the greatest barrier in improving the health and nutritional status of women. A young woman's lack of schooling has a profound effect on the lives of her children too.

Less Care during Sickness: As pointed out earlier, women are the most deprived group as far as access to health services is concerned. Parents are prepared to spend money on sons, but not on daughters. They are willing to immunize sons, not daughters. They are willing to rush to medical care for the sickness of the son, but reach much later and much less for their girls.

Burden of Work: It is estimated that in India over 60 per cent of the urban women and over 50 per cent of urban mothers work outside the home. 90 per cent of the working women are engaged in the unorganized sector which is low paid and legally unprotected. Women in poverty households bear the major share of their work burden, working 10-14 hours daily. It is the women's income which is critical in meeting the basic needs for children's health and development, their food, their health care, their clothing, their schooling. Fuel, water fodder, cooking, household

tasks – all are the woman's burden even when they go out for wage labour. It is quite often the girl child who is more subjected to child labour.

Low Sanitation: Low sex ratio is not a direct consequence of poverty. It is related with basic cultural aspects of our society. It is an evidence of the relative deprivation of women in our social system. An essential element of good health is access to curative and preventive health services which is affordable and is of good quality. Meanwhile, even medical education and training often continue to perpetuate gender bias and gender insensitivity. Women are targeted to carry the entire burden of conception, contraception and child caring. The empowerment of women is of central importance to improving nutrition of both women themselves and their children.

Maternal Mortality: Maternal mortality is a tragedy in social, economic and public health terms.WHO and UNICEF have noted that of the 585,000 yearly maternal deaths around the world, the vast majority are preventable. It is estimated anaemia may be responsible for as much as 20 per cent of maternal mortality.Maternal mortality and morbidity are two health concerns that are related to high levels of fertility. Maternal mortality, or maternal death, refers to "the death of a woman while pregnant or within 42 days of the termination of a pregnancy, irrespective of duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes".Existing poor health status of women, lack of preventive measures and emergency obstetric care result in high maternal mortality and morbidity. There are different death rates among the various groups between literate/illiterate, rural/urban and economically well off and the poor.

Underlying causes: Five clusters of underlying causes lead to increased mortality and morbidity among women: neglect of women's education, less care during pregnancy, burden of work, child births and harmful traditions. An estimated 20 million women suffer from nonfatal complications of pregnancy, including anemia, infertility, pelvic pain, incontinence and obstetric fistula. Anemia, which can be treated relatively simply and inexpensively with iron tablets, is another factor related to maternal health and mortality.

Malnutrition: Maintenance of good nutrition is essential for comprehensive management and prevention of diseases. Eating right and eating nutritious food during childhood and adolescence provides necessary nutrients to meet the physical and intellectual growth, adequate stores particularly for girls.

Prevalence of Anaemia in Women (15-49) years: One of the dismal findings of NFHS-3 is the high level of prevalence of anaemia (too few red blood cells in the bloodstream resulting in insufficient oxygen to tissues and organs) among women in the reproductive age group.

The table 1 shows the percentage of women (15-49) with anemia. It is observed that at All India level 55.3 per cent of the women do not have anemia less than 11 g/dl. This percentage is the highest among women in Jharkhand and lowest 32.8 in Kerala. In AP the percentage is 62.9. The percentage of women (15-41) with mild (10.0 to 10.9 g/dl) anaemia was 38.6 at All India level, the highest being 50.5 in Bihar and lowest being 25.8 in Kerala. In Andhra Pradesh the percentage was 39.

The percentage of women (15-49) with moderate (7.0 to 9.9 g/dl) anaemia was 15 at All India level, the highest being 21.2 in Assam and lowest being 5.1 in Manipur. In Andhra Pradesh the percentage was 20.6.

1. The percentage of women (15-41) with severe (> 7.0 g/dl) anaemia was 1.8 at All India level, the highest being 2.6 in Gujarat and lowest being 0.5 in Kerala. In Andhra Pradesh the percentage is 3.3. The states are in descending order of "any anaemia" and exclude Nagaland
2. Prevalence of anaemia, based on hemoglobin levels, is adjusted for altitude using formula in CDC (1998)

The table below clearly shows that anaemia is prevalent with various intensity among various states in India. Several factors are associated with the poor health of woman in India. They are low literacy, less care during sickness, burden of work, unfavorable sex ratio and so o

Table – 2 Explains members about the health and sanitation conditions in Narasaya Palem village in Bapatla Mandal. Out of 120 respondents, conditions are average majority of respondents said the conditions are average.

Table 1 Percentage of Women (15-49) with Anaemia
(Hemoglobin in g/dl = grams per declilitre)

Sl. No	States	Any Anaemia (<11.0 g/dl)	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (>7.0 g/dl)
	India	55.3	38.6	15.0	1.8
1.	Jharkhand	69.5	49.6	18.6	1.3
2.	Assam	69.5	44.8	21.2	3.4
3.	Bihar	67.4	50.5	15.9	1.0
4.	Tripura	65.1	49.0	14.8	1.3

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5.	West Bengal	63.2	45.8	16.4	1.0
6.	Andhra Pradesh	62.9	39.0	20.6	3.3
7.	Orissa	61.2	44.9	14.9	1.5
8.	Sikkim	60.0	42.1	16.2	1.7
9.	Chhattisgarh	57.5	39.9	15.7	1.9
10.	Haryana	56.1	37.6	16.7	1.7
11.	Madhya Pradesh	56.0	40.8	14.1	1.0
12.	Gujarat	55.3	36.2	16.5	2.6
13.	Uttaranchal	55.2	40.4	13.3	1.5
14.	Tamil Nadu	53.2	37.4	13.6	2.2
15.	Rajasthan	53.1	35.2	15.4	2.5
16.	Jammu and Kashmir	52.1	37.3	13.1	1.6
17.	Karnataka	51.5	34.4	15.1	2.0
18.	Arunachal Pradesh	50.6	36.6	12.5	1.6
19.	Uttar Pradesh	49.9	35.1	13.2	1.6
20.	Maharashtra	48.4	32.8	13.9	1.7
21.	Meghalaya	47.2	32.8	12.6	1.8
22.	Delhi	44.3	35.2	8.8	0.2
23.	Himachal Pradesh	43.3	31.6	10.5	1.2
24.	Mizoram	38.6	29.1	8.8	0.7
25.	Goa	38.0	29.6	7.8	0.6
26.	Punjab	38.0	26.2	10.4	1.4
27.	Manipur	35.7	30.1	5.1	0.5
28.	Kerala	32.8	25.8	6.5	0.5

Table – 2 Opinion of the Respondent about General Health Condition of the Village

S.No	Response	Number (health)	Number (sanitation)
(1)	(2)	(3)	(4)
1	Very good	3(2.5)	2(1.6)
2	Good	27(22.5)	20(16.7)
3	Average	51(42.5)	57(47.6)
4	Below average	39(32.5)	41(34.1)
5	Total	120(100.0)	120(100.0)

Source: Computed from primary data

An analysis of the table 2 shows the opinion of the respondents about the general condition of the village. Out of 120 respondents majority 51 (42.5 per cent) felt that the general health for the village is average. Another 39 (32.5 per cent) felt it is below average. Only 3 (2.5 per cent) felt as very good. Another 27 (22.5 per cent) felt as good. With regard to sanitation majority 57 (47.6 per cent) felt that the sanitation is average in the village. Another 41 (34.1 per cent) felt that the sanitation is below average. 20 (16.7 per cent) felt it is good. Hence there is every need to improve health and sanitation in these villages.

Suggestions: The extent of burden and sufferings of the rural women in India vary widely with the social and economic status, local customs, size of family and other factors. Hence, an intensive study with close interaction with women can help to identify suitable solutions for their problems. Based on the needs, the drudgery reduction measures introduced for women include:

Awareness on health, hygiene and sanitation

- Strengthening of traditional health care practice
- Creation of drinking water sources closer to their houses
- Maternal and child heath and family welfare
- Training of midwives and upgrading the skills of local healers
- Training of local youth as health guides for first-aid
- Establishment of community grain banks and promotion of nutrition gardens
- Promotion of energy conservation devices: improved woodstoves, biogas, solar device and energy plantations
- Establishment of Anganwadis and awareness of girl's education

These activities have been very well appreciated and are also being encouraged by the male members of the society.

Conclusion: Health of women is more important to a family and to the society. But the conditions in India are deplorable. The government has to take severe steps like improving education of women as well as establishing primary health centers in villages will improve the conditions of health of the rural women.

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